

The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses Association

Vol. XXIV.

WINNIPEG, MAN., AUGUST, 1928

No. 8

Registered at Ottawa, Canada, as second-class matter

Entered as second-class matter March 19th, 1905, at the Post Office, Buffalo, N.Y., under the Act of Congress, March 3rd, 1897

Editor and Business Manager:—
JEAN S. WILSON, Reg. N., 511 Boyd Building, Winnipeg, Man.

AUGUST, 1928

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Canadian Nurses Association

Fourteenth General Meeting

The fourteenth general meeting of the Canadian Nurses Association will be held long in memory by those delegates and visiting members who from July 3rd to 7th, 1928, were the guests of the Manitoba Association of Graduate Nurses. "Lavish" best describes the generous hospitality which continued throughout the week, and which permitted the visitors to see Winnipeg's hospitals, beautiful parks and residential districts. Possibly the drive to Lower Fort Garry, with high tea on the broad screened porch of the old residence within the Fort, will be remembered as the greatest attraction of all. The visit to the Fort and brief account of its history made the visitors realize that fifty years ago, or less, the early settlers sometimes found it necessary to seek protection for themselves and their families within the fortification, which today stands in the midst of a peaceful and prosperous country.

The formal meeting on the evening of July 3rd was open to the public. Following the invocation offered by Rev. Capt. William Robertson the Association was welcomed by representatives of the City of Winnipeg, the Province of Manitoba, the Manitoba Medical Association and the hostess organization. Miss M. F. Gray replied to these welcomes. The chairmen of the three national sections, Miss Jean I. Gunn (Nursing Education), Miss Elizabeth L. Smellie (Public Health), and Miss Emma Hamilton (Private Duty), then briefly outlined the accomplishments and aims of their respective sections. Prof. R. C. Wallace, of the University of Manitoba, gave an interesting, informative, and thrilling address on the health and social needs of the northern parts of the Prairie Provinces. The

nurses of Canada were most fortunate in having Professor Wallace speak on this subject as he is most familiar with the northern country.

The evening was made still more pleasant by the entertainment provided by the Nurses' Glee Club, of the Winnipeg General Hospital. The Club, which was organized several years ago, consists of student nurses, who showed by their singing that the inclusion of such a Club in a school for nurses is well worth while.

Again, on Thursday evening, July 5th, a public meeting was held, when Miss Ruth M. Hallowes and Dr. A. T. Mathers addressed a large audience.

Miss Ruth M. Hallowes, M.A. (Oxon.), S.R.N., and a graduate of St. Thomas's Hospital, London, England, was the guest of the Canadian nurses during the week of the convention. On Thursday evening, Miss Hallowes, in an interesting address on "Tradition in English Nursing," carried the audience from the days of the eleventh century when, at York Cathedral, many pilgrims ill unto death sought the ministrations dispensed at the Cathedral, to the present century, where at this same Cathedral there is now kept an Honour Roll containing the names of 1,300 nurses whose lives were given during the Great War. Miss Hallowes' paper is published in this number of "The Canadian Nurse." Dr. Mathers' subject was "Mental Hygiene and the Nursing." Dr. Mathers, who is Provincial Psychiatrist for Manitoba, presented his subject in a most admirable manner, showing that in the future development of nursing Mental Hygiene should receive more careful study and attention from those interested in the welfare of the public,

and in the education and training of nurses. The paper on "Mental Hygiene" is published in this number.

* * * *

The first business session was called to order at 11 a.m. on Tuesday, July 3rd, with Miss Mabel F. Gray, acting president, in the chair.

Following the call to order, and its being resolved "That the minutes of the last general meeting be taken as read," the acting president addressed the assembly.

ADDRESS, ACTING PRESIDENT

This meeting cannot be opened with other than a note of sadness when we think of our late President, Flora Madeline Shaw, whom you had chosen to guide the activities of the Association during the past two years. I cannot more fittingly express the honour in which her memory is held, and our sense of loss, than by reading the resolution passed by your Executive Committee in Montreal on October 27th, 1927:—

"That the members of the Canadian Nurses Association desire to place on record their appreciation of the great contribution which Miss Shaw made to the nursing profession in Canada. Her qualities of leadership, high ideals and noble Christian character have made her honoured and beloved, and her loyal service and help can never be forgotten by all who have been associated with her for so many years."

Another well-known Canadian nurse who has passed on is Miss S. E. Young, late of the Montreal General Hospital. She was another whose kindly and generous nature and even temperament had endeared her to us all. Others, more prominent in provincial than in national affairs, have left our midst.

Our members who have attended meetings of the International Council of Nurses, or the International Congress in Helsingfors, have a sense of personal loss in the death of Baroness Sophie Mannerheim of Finland, while through her published words we all feel we have known her, and all mourn her loss. Another international leader who has gone is Sister Agnes Karl, of Germany. The mem-

ory of these sister nurses brings a feeling of sorrow that we shall not again meet them here; but the larger thought is one of thankfulness and joy that such splendid women have been members of our profession, and we are filled with a determination to carry on their work.

So I meet you today, having picked up as well as possible the threads of another's plans. The special activities of the Association have all been carried on by special committees, each one of which will make a detailed report of their work. Any lengthy remarks from the chair would therefore be only a repetition. A brief reference, however, to each may perhaps be permitted. These special committees have very important reports to present to you.

(1) The proposed "Study of Nursing," if put into effect, will undoubtedly have very far-reaching results: the very fact that a joint committee composed of members of the Canadian Medical Association and Canadian Nurses Association have met to discuss nursing problems is in itself of importance.

(2) The "Enrolment under the Red Cross," if thoughtfully carried out by our members, each one of whom fully realizes the responsibilities she has undertaken, will undoubtedly be the means of saving many valuable lives when the emergency arises, here or there, where nurses are needed by the Red Cross or by the Department of National Defence.

(3) The "Plans for the International Congress of Nurses" in Montreal in July next must be completed at once. What are you, and the societies you represent, doing to help? Much of the burden must necessarily fall upon a few: Montreal was chosen by us as the place of meeting and already Montreal nurses are busy. What shall we do to help?

(4) The "Suggested Re-organization in our Plan of Membership": if this goes into effect and membership in the Canadian Nurses Associa-

tion is to be held only through the provincial organizations, how shall we arrange for the largest possible provincial membership and how shall we finance our activities? The financial calls are not greater than the average nurse can bear: it is chiefly a matter of organization to equally divide the load.

Lastly, a problem that is always with us, is that of our National Office and our journal. Are we making the best use of each, and are we doing our share to make both of service to others? I know that our secretary will invite every nurse to visit our National Office, and I most sincerely trust that no one will leave the city without making a visit. In a short time it will be impossible for you to form much idea of the activities, but having spent many hours there during the past week, I congratulate our secretary and her staff upon the excellent organization of every branch of the work, and were any such assurance necessary it is indeed a pleasure to report to you on the careful organization of our office. I feel, however, that many could make helpful suggestions to the secretary as to what their organizations need and could send to her material which would help others. We are not building for the future alone: we are building for today. The financial affairs of the journal will be discussed in detail, and I hope some policy will be adopted which will place the journal upon a more satisfactory business basis.

May I offer a word of explanation in regard to a motion submitted to you from the Executive Committee regarding the disposal of surplus Memorial funds. In the official minutes of the 1921 general meeting there is no mention of the financial objective decided upon for the Nurses' Memorial, but the stenographer's notes contain the following motion, with the names of the mover and seconder, and the note that the motion carried, this motion covering the

objective and also the disposal of any surplus funds:—

"That the objective of the Memorial be \$50,000, and any funds left over be given to the provincial associations as a nucleus for their memorials."

If this motion should form a part of the official minutes of the 1921 meeting, the intention of the Executive Committee in submitting recommendations as to the disposal of the surplus funds was not, I am sure, to suggest that such a motion should be rescinded or such an agreement disregarded, but with the thought that, if plans for provincial memorials have been dropped, the Associations might wish to waive their right to this fund and to devote the whole sum to some special purpose, such as one or other of the suggestions made by the Memorial Committee: some cause worthy to be considered as another fitting memorial to the nurses who lost their lives in the Great War.

One of the great difficulties which is always with us is that of our very scattered membership: even on the Executive Committee some sixty members have served at some time during the past two years. While executive meetings have been held in Ottawa, Montreal, Toronto, Vancouver and Winnipeg, only a small proportion of the executive members have been present at any executive meeting. How can our executive members more fully realize their responsibility, and how more fully participate? In our profession, as in other professions and as in commerce, we are very dependent upon each other. How can we sufficiently stress our inter-dependence and how more fully co-operate?

May I say just a word to delegates? You realize our division into sections for the discussion of special problems, but also that we come together again in general session to discuss any resolution affecting the interests of all. Every general session of the Association is therefore of special importance, and we look to you to interpret to your organizations the spirit of

this meeting. In extending a welcome to members and delegates present for the first time at a meeting of the Canadian Nurses Association, all such members are invited to participate freely in discussion: in voting upon matters which have been submitted to the federated organizations, only official delegates may vote.

The following motion was then passed unanimously: "That the motion as contained in the stenographer's report be recognized, and the minutes of the 1921 meeting be amended to include it."

Miss Ruth M. Hallowes, M.A., S.R.N., was then introduced to the assembly by the acting president, Miss M. F. Gray.

REPORT OF THE HONORARY SECRETARY

As you will receive directly the report of the executive secretary in which all of the secretarial work of the Association will be incorporated, it is unnecessary for me to report further.

HELEN S. BUCK,
Honorary Secretary.

REPORT, EXECUTIVE SECRETARY

Before passing to the general matters to be covered by my report I would like to make reference to our late president, Miss Flora Madeline Shaw, whose unexpected death was not only a great personal loss to many of us, but also a loss to the whole nursing profession.

Those present today who were in attendance at the closing session of the last general meeting will recall the evident happiness with which Miss Shaw expressed her appreciation of the honour bestowed on her when elected, by acclamation, president of the Canadian Nurses Association. Miss Shaw was a charter member of the Association and its first secretary-treasurer, serving for a period of three years. She was president of the Canadian Association of Nursing Education when, in 1924, that society consummated plans for amalgamation with the Canadian Nurses Association. From then until her election

as president of the Canadian Nurses Association Miss Shaw was chairman of the National Section of Nursing Education.

Many messages were received at the National Office when nurses throughout the world learned that a year from the day she became president Miss Shaw had passed away while on her return from the Interim Conference of the International Council of Nurses, which she attended as the representative of the C.N.A.

The acting president has most fittingly referred to Miss Shaw's many excellent qualities of character and professional ability. Those most closely associated with her realize that if she had been permitted to leave a last message it would have been one full of hope and optimism for the future of the profession.

* * * *

As executive secretary I have the honour to present the following report:—

ADMINISTRATION

The National Office was moved into larger quarters on January 1st, 1927. The office is 150 sq. ft. larger than the one in which the National Office was opened in 1923. The present rent is at the rate of $2\frac{1}{2}$ cents per sq. ft. *less* than formerly.

An increasing volume of work has been carried on. An average of 150 individual letters are sent out monthly, in addition to a large number of circular letters to the Executive Committee and federated associations. The majority of these individual letters are addressed to nursing and other professional organizations and institutions, individual nurses, educational institutions and philanthropic organizations in Canada and a few in other countries, as:

The International Council of Nurses.
National organizations of nurses in other countries.
State Boards of Examiners and Universities in the U.S.A.
International Catholic Guild for Nurses.
American Hospitals Associations.

Federal Government:

- Department of Labour.
- Division of Child Welfare.
- Civil Service Commission of Canada.
- Department of Agriculture (Dairy Division), etc.
- Canadian Medical Association.
- Canadian Red Cross Society.
- Canadian Anti-Tuberculosis Association.
- Canadian Council on Mental Hygiene.
- Universities in Canada.
- Metropolitan Life Insurance Co.
- National Council of Women.
- Canadian Council on Child Welfare.

Ten (10) circular letters were addressed to the federated associations and seven additional letters to the provincial associations only. Two of these related specifically to *The Canadian Nurse*.

Other subjects referred to the Associations were the Congress, International Council of Nurses, 1929; the International Press Exhibition at Cologne, Germany; the Joint Conference on Nursing; the reports from the special committees appointed to study (1) the question of the pooling of travelling expenses of delegates; (2) the question of dual affiliation in the Canadian Nurses Association; (3) the National Enrolment of Nurses; and resolutions, nominations and reports for the biennial meeting, 1928.

Correspondence sent in reply to requests for information related to:

- Membership in the C.N.A.
- Registration of nurses.
- Registration examinations for nurses.
- Post-graduate courses for nurses.
- University courses for nurses.
- Text books for nurses.
- Hospitals in Canada.
- History of nursing in Canada.
- Training schools for nurses.
- Hours of duty for private duty nurses in hospitals.
- Lists of accredited schools for nurses.
- Lists of provincial secretaries and registrars.
- Addresses of organizations and nursing journals in other countries.
- Canadian Red Cross Society and Nursing Service.
- The Grenfell Mission.
- Canadian Mental Hygiene Council.

Many requests for information on numerous related subjects have been received. In each case information was forwarded or the request referred to the proper source for reply.

Contacts have been established between institutions from which requests were received for assistance in obtaining nurses to fill vacancies on their staffs, and individual nurses.

In November, 1926, after conferring with the president, the executive secretary engaged a second assistant, one qualified as a bookkeeper. The major portion of this assistant's time is devoted to *The Canadian Nurse*, while the greater part of the first assistant's time is devoted to stenography and filing for both offices.

An undertaking commenced almost four years ago is progressing slowly: this is the preparation of a card index to the contents of *The Canadian Nurse*. This index is arranged under two headings, i.e., title and name of author. All that has been accomplished at the present time covers the years 1924, 1925, 1926, and part of 1927. It is hoped that at some time all volumes of *The Canadian Nurse* will be so indexed.

Also, it is desired that a greater variety of information could be on record. Various difficulties present themselves—one being the difficulties arising when seeking sources of information. Another, and a by no means negligible one, is that such a large part of the executive secretary's time must be devoted to *The Canadian Nurse*, the undertakings of the organization are somewhat handicapped relative to the development of the National Office in its various departments.

EXECUTIVE MEETINGS

Your executive have held ten meetings: one in Ottawa at the close of the biennial meeting, 1926; four in Montreal; three in Winnipeg, and one each in Toronto and Vancouver. A copy of the call for meeting, with agenda for the same, and a copy of the minutes of each meeting, were forwarded to each member of the executive (45 in number).

At the first meeting held the executive appointed conveners and members to special committees as instructed by the delegates in general

meeting, 1926. In the interim two other special committees were appointed:

1. To study the question of Dual Membership in the C.N.A.
2. To study nursing conditions in Canada.

* * * *

In November, 1927, your executive secretary was invited to attend the annual meeting of the Alberta Association of Registered Nurses.

In February, 1928, the National Office completed its first five years. Those who may find it convenient to visit the headquarters of the Association during the present week will be heartily welcomed. They will find the office larger than the one opened in February, 1923, where the work was carried on until January, 1927.

The present arrangement whereby one member of the C.N.A. is responsible for the dual activities at the National Office cannot be regarded as satisfactory. Both offices—that of executive secretary and editor—are most interesting and of equal importance. It is therefore difficult for one individual to give both due attention, as well as manage so that the work of one does not intrude on the other.

WITHDRAWALS FROM MEMBERSHIP

Since the biennial meeting, 1926, the following associations have withdrawn from membership:

1. District No. 10 Registered Nurses Association of Ontario.
2. Florence Nightingale Association of Ottawa.
3. Florence Nightingale Association of Toronto.

APPLICATIONS FOR MEMBERSHIP

The executive committee submit to this meeting for ratification the following applications for membership:

1. Alumnae Association, Regina General Hospital.
2. Alumnae Association, Brantford General Hospital.

NOMINATIONS

Nomination forms were mailed to the federated associations early in

October, 1927. Returns received on the date designated in the by-laws amounted to forty-eight per cent. (48%) of the number sent out.

The ticket of nomination was sent to each association and was published in the May number of *The Canadian Nurse*.

RESIGNATION OF OFFICERS

In 1926 the chairman of the Private Duty Section resigned from that office, and in 1927 the chairman of the Nursing Education Section found it necessary to present her resignation. With the approval of the executive these sections appointed the vice-chairman to the office of chairman.

INTERNATIONAL COUNCIL OF NURSES

Early in 1927 our late president received a letter from the secretary, International Council of Nurses, stating that the Nurses Association of China had found it necessary to withdraw their invitation for the congress to meet in China in 1929, as arranged in 1925. The president was asked if the Canadian Nurses Association would care to issue an invitation to the Council in Interim Conference in July, 1927, to hold the congress in Canada in 1929.

A questionnaire was prepared and sent to the members of the executive and federated associations to learn if they wished the C.N.A. to extend the invitation and if so to suggest the place and date of meeting preferred. The returned questionnaires showed that all were unanimous in having the invitation presented. The majority favoured Montreal as the place of meeting, in the month of June.

The president carried this invitation to the Council in meeting in Geneva during the last week of July, 1927. The Council very graciously accepted the invitation and the suggestion that the congress be held in Montreal, the date of meeting being tentatively fixed for a date between July 25th and August 25th, 1929. The date now decided on is the week commencing July 8th, 1929.

Our president represented the C.N.A. at this Interim Conference and six other nurses from Canada were in attendance: several participating in the programme.

The Canadian Nurses Association is indebted to various institutions and organizations in Canada for assistance in providing material for the International Exhibit (1927).

**COMMITTEE ON ARRANGEMENTS,
I.C.N. CONGRESS, 1929**

According to a by-law of the International Council of Nurses the committee on arrangements is appointed from members of the hostess organization, with the president of that body as convener. The members of that committee are: Miss M. F. Hersey, Montreal (acting convener); Misses E. B. Hurley and M. K. Holt (Montreal); Miss E. L. Smellie (Ottawa) and Miss Jean E. Browne (Toronto). The committee has already submitted some plans to the federated associations. Later, during this meeting, further information will be received from the committee.

The International Secretary notified the Association that the Council had been requested to participate in the International Press Exhibition which is being held in Cologne, Germany. Copies of *The Canadian Nurse* and A Brief History of the Canadian Nurses Association, together with the requested information, were sent for this exhibit.

NATIONAL COUNCIL OF WOMEN

The Association has been represented at annual and executive meetings of the National Council of Women in Canada. Members acting as representatives at one or more of these meetings have been the late president (Miss M. F. Shaw), Miss E. H. Dyke, Miss E. L. Smellie, Miss G. M. Bennett.

Ten copies of the annual report of the Council for 1927 were received at the National Office. A copy was sent to the secretary of each provincial association.

Miss Dyke and Miss Cryderman were appointed members from the C.N.A. to the special committee on maternity bonuses of the Council.

Miss Emily Maxwell represented the C.N.A. on the special committee of the National Council of Women in Canada in the League of Nations Society in Canada.

* * * *

At the annual meeting of the Canadian Council on Child Welfare held in Vancouver and Victoria in 1927, Miss Meta Hodge and Miss Bertha Hall acted as delegates for the C.N.A.

* * * *

The Canadian Council on Social Hygiene invited the C.N.A. to send a representative to the annual meeting, 1928, held recently in Toronto. Miss Florence Emory attended that meeting as the representative of the C.N.A.

* * * *

A number of Canadian nurses attended the first Canadian Conference on Social Work, held in Montreal in April, 1928. We are indebted to Miss Kathleen D. G. King for a report of the conference for publication in *The Canadian Nurse*.

ARCHIVES

The sale of A Brief History of the Canadian Nurses Association, published in 1926, amounts to almost 75 per cent. of the total number published. The History is a record of the Association from organization in 1908 to the general meeting, 1924.

In 1927 a copy of the etching of the Memorial Panel was presented to the National Office by the National Memorial Committee, and Miss Mary Jones, matron of Liverpool Infirmary, presented the Association with a beautiful photograph of the Lady Chapel, Liverpool Cathedral, where, on September 1st, 1927, a very impressive memorial service was held for our late president, Miss Flora Madeline Shaw.

**JEAN S. WILSON,
Executive Secretary.**

AUDITORS' REPORT C.N.A.

GILBERT & LAIRD
CHARTERED ACCOUNTANTS
WINNIPEG

March 11th, 1927.

The President and Executive of
The Canadian Nurses Association.
Mesdames:

As requested, I have audited your Association's accounts for the period from last statement—May 31st, 1926, to the end of that year, 7 months—and submit statements of Receipts and Disbursements and of Revenue and Expenses, applicable to that period.

The Royal Bank, Portage and Carlton Branch, certifies to the amount on hand with them in both Current and Savings accounts.

Not covering a full year's activities, it is impossible to make any comparisons as to Revenue and Expenses with previous periods;

the seven months show much greater expense than revenue and the assets are consequently reduced by nearly \$1,600.00 from the amount shown at May 31st, 1926. The latter consist of the cash on hand, the Government Bonds at the same figure as last year, the office furniture, and the copies of History of C.N.A. still on hand.

Subject to the above remarks, I certify that the accompanying Statements of Receipts and Disbursements and of Revenue and Expenses, are taken from and are in agreement with your records, and in my opinion, represent correctly the financial position of your Association at December 31st, 1926, and the results of your activities for the seven months ended that date, in so far as they are revealed by your records and from information furnished to me.

Yours truly,
FRED. C. GILBERT.

THE CANADIAN NURSES ASSOCIATION

RECEIPTS AND DISBURSEMENTS

JUNE 1st TO DECEMBER 31st, 1926

RECEIPTS

1926			
May 31—	Cash on Hand in Royal Bank:—		
	Current Account, less outstanding cheques.....	\$ 726.42	
	Savings Account.....	2,923.35	
			\$ 3,649.77
Dec. 31—	Affiliation Fees and Levy received (seven months).....	\$ 817.50	
	Interest on Government Bonds.....	\$ 45.00	
	Interest on Savings Account.....	36.10	
			81.10
	Exchange added to cheques.....	\$ 2.89	
	"Canadian Nurse," re Rent, Light, etc.....	199.90	
	Sale of I.C.N. Reports.....	10.55	
	I.C.N. Subscriptions.....	19.00	
	Sale of History of Nursing.....	571.50	
	Western G.N. Associations re Dame Maud McCarthy's expenses.....	224.00	
			1,027.84
			\$ 1,926.44
			\$ 5,576.21

DISBURSEMENTS

General Expenses Paid.....	\$ 2,721.18
Office Furniture Purchases.....	\$ 82.50
Grants and Fees.....	80.00
History C.N.A.....	643.13
Remittance re I.C.N. subscriptions.....	805.63
Dame Maud McCarthy's Western Trip.....	19.00
	283.45
	\$ 3,829.26
Cash in Royal Bank:—	
Current Account.....	902.06
Savings Account.....	844.89
	\$ 1,746.95
	\$ 5,576.21

MEMO OF ASSETS

Office Furniture and Equipment as per Statement May 31st, 1926.....	\$ 343.27
Added during year.....	82.50
	\$ 425.77
Written off for Depreciation, 7 months at 10%.....	24.87
	\$ 400.90
627 copies of History of C.N.A. on Hand.....	206.91
Cash in Bank as above.....	1,746.95
Government Bonds at Cost.....	1,930.75
	\$ 4,285.51

REVENUE AND EXPENSES		SEVEN MONTHS ENDED DECEMBER 31, 1926	
		REVENUE	
Affiliation Fees and Levy		\$ 817.50	
Bank and Bond Interest		81.10	<u>\$ 898.60</u>
		EXPENSES	
Salaries		\$ 1,527.50	
Rent, Light, Telephone		288.50	
Less Received from "The Canadian Nurse"		199.90	88.60
Printing and Stationery		186.86	
Sundry, Office, Postage, Telegrams, etc.		140.08	
Audit Fee		20.00	
Exchange Paid		5.21	
Convention and Travelling Expenses		352.15	
Dame Maud McCarthy's Western Trip		283.45	553.03
Less Received on account of same		224.00	
Grant and Fees		59.45	
Depreciation on Office Furniture		80.00	
Less Revenue as above		24.87	
LOSS FOR PERIOD		2,685.60	
		898.60	
		<u>\$ 1,787.00</u>	

GILBERT & LAIRD
CHARTERED ACCOUNTANTS
WINNIPEG

January 10th, 1928.

The President and Executive of
The Canadian Nurses Association.

Mesdames:

Herewith I submit Statements of Receipts and Disbursements from January 1st to December 31st, 1927. Memo of Assets as at the latter date and Revenue and Expense Accounts for the twelve months period. These Statements were prepared from your books after my audit of same.

The Royal Bank, Portage and Carlton Branch, have certified to the balances with them in Current and Savings Accounts, and

I have again seen the \$2,000.00 of Dominion Government Bonds in the Safety Deposit Box.

The cash on hand is \$300.00 more than a year ago, and total assets about \$230.00 greater. The revenue slightly exceeded the expenses, although the latter included \$1,200.00 to "The Canadian Nurse."

Subject to the above remarks, I certify that the Cash Statements herewith are properly prepared from your books and, in my opinion, represent correctly your transactions for the year ended December 31st, 1927, as revealed by the books and from information furnished to me.

Yours truly,

FRED. C. GILBERT,
Chartered Accountant.

THE CANADIAN NURSES ASSOCIATION

RECEIPTS AND DISBURSEMENTS, JANUARY 1st TO DECEMBER 31st, 1927

RECEIPTS

1926			
Dec. 31—To Cash on Hand in Royal Bank:—			
Current Account	\$ 902.06		
Savings Account	844.89		
		\$ 1,746.95	
			\$ 1,746.95

1927			
Dec. 31—Fees Received—Twelve months.			\$ 5,788.50
Interest on Government Bonds	90.00		
Interest on Savings Account Balances	88.62		
		178.62	
Exchange added to cheque.	\$ 4.90		
"Canadian Nurse" for Rent, Light, etc.	376.50		
Sale of I.C.N. Reports	1.00		
Sale of History of Nursing	111.00		
Sundry	12.00		
	505.40		
		6,472.52	
			\$ 8,219.47

DISBURSEMENTS

General Expenses	\$ 3,941.03		
Grants and Fees	2,155.00		
History C.N.A.	27.98		
Refunds, etc.	30.10		
	58.08		
		\$ 6,154.11	
Dec. 31—Cash in Royal Bank:—			
Current Account	\$ 456.70		
Savings Account	1,608.66		
		2,065.36	
			\$ 8,219.47

MEMO OF ASSETS

Office Furniture as per December 31st, 1926.....	\$ 400.90
Less Depreciation, 10%.....	40.10

History of C.N.A. on Hand, 521 copies.....	\$ 360.80
Cash in Bank as above.....	171.93
Government Bonds (\$2,000.00 par) at cost.....	2,065.36
	1,930.75

	\$ 4,528.84

REVENUE AND EXPENSES

TWELVE MONTHS ENDED DECEMBER 31, 1927

REVENUE

Affiliation Fees.....	\$ 5,788.50
Bank and Bond Interest.....	178.62
Sundry Revenue.....	76.07

EXPENSES

Salaries.....	\$ 2,250.00
Rent, Light and Telephone.....	750.00
Less received from "Canadian Nurse".....	376.50

Printing and Stationery.....	373.50
Petty Cash, Postage, Telegrams, etc.....	103.67
Audit Fee.....	138.07
Insurance Premiums.....	17.50
	5.10
Exchange Paid.....	264.34
Less Received.....	10.69
	4.90
Travelling and Convention Expenses.....	5.79
Grants and Fees:-	666.15
"Canadian Nurse".....	1,200.00
Depts. of Association.....	450.00
International Council.....	500.00
C.C.C. Welfare.....	5.00

	2,155.00
NET SURPLUS FOR PERIOD.....	5,714.78

	\$ 328.41

RESOLUTIONS COMMITTEE, appointed by the Chair: Misses Edith C. Rayside, Mabel K. Holt and Maude Retallick.

SCRUTINEERS, appointed by the Chair: Misses Catherine Ferguson and Henrietta A. MacKay.

The status of federated associations in arrears with affiliation fees was discussed and the following motion carried: "That since no notification concerning voting privileges has been sent to affiliated organizations which are in arrears in fees, that all organizations represented at this meeting be allowed to vote. That the Executive Committee be asked to draft a clause covering the voting privileges of organizations, and submit this amendment to the Constitution and By-Laws of the Canadian Nurses Association at the next biennial meeting."

Forty-eight official delegates responded to the roll call, representing thirty-two federated organizations.

The provincial associations were all well represented.

The ticket of nomination presented by the executive secretary was then accepted.

REPORT OF MEMBERSHIP COMMITTEE

Two applications for membership in the Canadian Nurses Association were forwarded to the Membership Committee for consideration:

Regina General Hospital Alumnae Association, Regina, Sask.

Brantford General Hospital Alumnae Association, Brantford, Ont.

The Constitution and By-Laws of the Association were in each case carefully considered by your Committee and a recommendation for approval of the application was in each instance forwarded to the Executive Committee for their consideration.

No further business was transacted by the Committee.

E. MURIEL MCKEE,
Convener.

This report was adopted and the action of the Executive Committee in accepting these two organizations into membership ratified.

REPORT OF THE PROGRAMME COMMITTEE

The report of the Programme Committee is now in your hands as the printed programme for the fourteenth general meeting of the Canadian Nurses Association. The convener begs to give credit to the conveners of the three National Sections—Miss Gunn, of the Nursing Education Section; Miss Smellie, of the Public Health Section; and Miss Hamilton, of the Private Duty Section; for the arrangement of the programme for their respective sections, and to Miss Wells, president of the Manitoba Association of Graduate Nurses, and to our executive secretary, Miss Wilson, for the arrangement of the programme for the general sessions.

It is hoped that the members will consider the subjects selected for addresses, and for discussion all to be of outstanding importance, and will therefore feel that the week has been a profitable one. The Arrangements Committee of the hostess organization has permitted the inclusion of the programme of entertainment within the covers of the programme which is now submitted for your approval.

MABEL F. GRAY,
Convener.

REPORT OF THE PUBLICATIONS COMMITTEE

Miss Mabel F. Hersey, as convener, reported that the executive secretary had done any necessary work in connection with the Publications Committee.

REPORT, DUAL AFFILIATION COMMITTEE

In response to a request from the Executive of the Canadian Nurses Association, dated May 25th, 1927, a committee consisting of provincial presidents was formed to study the problem of Dual Affiliation in the Canadian Nurses Association. After due consideration, your committee reports that—

1. Whereas 45% of the present membership of the national association is composed of affiliated organizations other than provincial associations.

2. And whereas the task undertaken by the organization in acting as hostess to the International Council of Nurses in 1929 is a prodigious one, it is recommended:

- (1) That membership through provincial associations only be the objective of the organization.
- (2) That the putting into operation of such policy be delayed until the budget for the years 1930-1932 is prepared.
- (3) That in the interval the matter be given the most careful consideration of provincial associations, and an attempt made to obtain as members all those whose affiliation with the Canadian Nurses Association is through alumnae membership only.

Respectfully submitted on behalf of the Committee.

FLORENCE H. M. EMORY.

This report was discussed clause by clause. Recommendation No. 1 was adopted as read. Recommendation No. 2 was amended to read "That putting into operation of such a plan be delayed until further consideration of the plan at the next biennial meeting."—Carried unanimously. Recommendation No. 3 was amended to read "That in the interval the matter be given the most careful consideration of provincial associations and an attempt made to obtain as members all those whose affiliations with the Canadian Nurses Association is through organizations other than provincial organizations."—Carried. Further, it was decided that a committee on Dual Affiliation be continued.

REPORT OF THE COMMITTEE TO STUDY AFFILIATION OF THE CANADIAN NURSES ASSOCIATION WITH THE CANADIAN MEDICAL ASSOCIATION.

Miss Gunn, as convener, reported this Committee has done nothing. It was thought best not to undertake anything further along the lines of affiliation until the study committee (on nursing) had been worked up, and that was to be sent to the secretary at the last meeting. It is considered this report should be tabled for the time being and brought up again later. It should not be dropped until some definite action has been taken.

This report was then adopted and the subject tabled.

REPORT, STUDY COMMITTEE ON NURSING

The appointment of the Study Committee on Nursing of the C.M.A. and the C.N.A. was the result of a conference held in Toronto in June, 1927, of representatives from the C.M.A. and C.N.A., and some of the hospital executives of Canada. It was decided that the Committee was to be composed of three representatives from the C.M.A., three from the C.N.A., and one—a layman—representing Hospital Boards of Trustees. The representatives of the C.M.A. are: Dr. G. Stewart Cameron, Peterboro, chairman; Dr. A. T. Bazin, Montreal, and Dr. Duncan Graham, Toronto. The Executive of the C.N.A. appointed the following representatives: Miss Jean Gunn, Miss Kathleen Russell and Miss Jean Browne.

To provide funds for beginning the study the C.M.A. set apart a sum not exceeding \$300.00 for the year's work, and the Executive of the C.N.A. authorized an equal expenditure. As the expenses so far have been

kept at a minimum, it has not been necessary to call on the C.N.A. for financial assistance.

The Committee met early in September of last year, and after organizing, discussed the various points upon which study should be made, and also the different methods by which the study might be prosecuted. A sub-committee composed of the three representatives of the C.N.A. was appointed to draw up in detail a programme of the proposed study to be submitted at the next meeting. This was very carefully done, and was considered by the committee at a meeting early in October (see below). The unanimous view of the members present was that an effort should be made to consider the various points raised in the sub-committee's report, but that in order to do so, an independent investigation conducted by a person trained along sociological lines, should be secured. It was then decided that efforts should be made to enable us to begin this study. At a meeting held in Toronto in March (1928), we found that the various avenues through which we expected to secure money were closed to us. It was then decided that Dr. Bazin, while in New York, should interview the Carnegie Foundation with a view to securing from them the necessary financial assistance.

Early in May Dr. Bazin had an interview in New York with Mr. Keppel, president of the Carnegie Foundation. After a very careful survey of our problem, Mr. Keppel stated that our request was a very legitimate one, and he was in sympathy with it, but owing to the present exhaustion of funds available for Canada, he could not hold out any immediate prospect of help.

Your representatives on this Committee cannot speak in too high terms of the fairness shown by the doctors on this Committee. They have shown themselves anxious to get our point of view and to weigh carefully the points we brought up for discussion. We think, therefore, that the C.N.A. may have complete confidence in looking forward to a really scientific survey of nursing, which will be based on facts and not opinions.

The only obstacle is the lack of funds. We would suggest, therefore, that at the 1928 biennial meeting of the C.N.A., there should be a decision as to what financial assistance the C.N.A. will be prepared to give to the project. We have insisted on equality of status with the C.M.A. in this matter, and your representatives have insisted on the survey being done by an expert sociologist, if it is undertaken at all, but this equal status and the insistence on a scientific survey can only be maintained if we are willing to take an equal share of the financial obligations.

JEAN E. BROWNE,
Secretary.

REPORT OF THE SUB-COMMITTEE OF THE
C.M.A. AND THE C.N.A.

The report of the sub-committee is not a plan of study, but rather a suggested outline of the scope of various studies that will be

needed before final conclusions can be reached. It is not claimed that this is a complete statement, but it is hoped that it may serve as a basis of discussion for the whole committee.

1. The Demand—

Studies to be made in selected communities concerning the kinds of nursing services wanted, the essential content of each kind, and the number needed in each of the following classifications:

- (1) Hospital nurses—graduate.
- (2) Hospital nurses—undergraduate (students).
- (3) Private duty nurses.
- (4) Practical nurses.
- (5) Public Health nurses.
- (6) Any others.

2. The Supply—

The number of each of the following now on active service.

- (1) Hospital nurses—graduate.
- (2) Hospital nurses in training.
- (3) Private duty nurses.
- (4) Practical nurses.
- (5) Public Health nurses.
- (6) Any others.

The geographic distribution of present service in each group by exact figures and maps.

Comparative studies of demand and supply.

3. Nursing and the Public—

- (1) The kind or kinds of nursing service required.
- (2) To what extent are the present types of nurses meeting the needs of the family?
- (3) What change in the character of the nursing service, if any, is sought by the family?
- (4) Study of the economic resources of the average family for nursing service.
- (5) Study of the community responsibility for the care of the sick.
- (6) Relationship between this service and other community services for which the cost is shared.

4. Hospital Needs re Nursing—

Study of a selected group of:

- (1) General Hospitals, large, medium, small, very small.
- (2) Special Hospitals, large, medium, small, very small.

In regard to:

Number of nurses and other personnel employed.

Number of nurses and other personnel needed.

The present demands on the nurse for service other than bedside nursing in each of the above types of hospitals.

The essential content of the nurses work in hospital bedside nursing.

Strength of the present service or tendencies.

Weakness of the present service or tendencies.

The hospital private patient and nursing care.

Study of possibilities to relieve the nursing personnel of non-nursing duties. Study of the relation between the time spent by pupil nurses in the class room and the lack of nursing care on the wards.

5. Private Duty Nurses and the Medical Profession—

Studies made in consultation with the medical profession concerning:

- (1) Source of supply of nurses, e.g., professional registry, hospital registry, commercial registry, and others.
- (2) Proportion of nurses satisfying needs of the case from the standpoint of the medical profession.
- (3) Proportion of nurses not satisfying the needs of the case from the standpoint of the medical profession.
- (4) Further studies of the cause of dissatisfaction.
- (5) Study of the demand for practical nurses.

6. The Nurse—

- (1) The inducements of the profession.
- (2) The satisfactions of nursing.
- (3) The economic aspects:

Average length of service.
Average income of each branch.
Average living expenses in each branch.
Range of income in each branch.
Length of service in relationship to income.
Disabilities.
Financial opportunities, such as insurance, etc.
Cost and opportunity of post-graduate training.
(4) Hours on duty.
(5) Study of:
Loss of nurses from the profession.
Turnover within the profession.
Extent of and reasons for emigration to the U.S.A.

7. Nursing Education—

- (1) Hospital schools:

Number of schools in general hospitals with number of pupils.
Number of schools in special hospitals with number of pupils.
Cost of the training school to the hospital.
Evaluation of the work of the student nurse to the hospital.
Comparative cost of nursing service to the hospitals not conducting training schools.
Length of course.
Hours on duty.

- (2) Preliminary education required in various types of schools.

(3) Study of the curriculum from the standpoint of both theory and practice.
(4) Study of the qualifications of the present teaching personnel.

- (5) Post graduate opportunities:
 - (a) in hospitals
 - (b) in universities.

8. Study of the professional Registration Acts in Canada.

Discussion then took place re the amount of financial assistance possible for the Study of Nursing available from the Canadian Nurses Association, and the following motion carried: "That whereas a scientific survey of the nursing situation in Canada would tend to improve nursing in Canada, we as Canadian nurses should use our power toward raising a portion of the funds required, to the extent at least that every graduate nurse in Canada be asked to contribute at least one dollar to be applied to the sum required."

A further motion made effective was "That the Canadian Nurses Association urges a sum not less than \$10,000 be raised towards defraying expenses of proposed study of nursing."

REPORT RE POOLING OF TRAVELLING EXPENSES.

Miss Grace M. Fairley, convener

The Executive Committee presented the following recommendation to the general meeting: "That the consideration of a plan for the pooling of travelling expenses of delegates to general meetings be deferred until 1930."

This recommendation was accepted and the report tabled.

REPORT ON COMMITTEE ON NATIONAL ENROLMENT OF NURSES

Interim Report of Committee to arrange conferences between the Federal Government, the Canadian Red Cross Society, and the Canadian Nurses Association on the matter of enrolment of nurses for disaster or war.

Note.—Report submitted by the Executive Committee, C.N.A., for ratification by federated associations at biennial meeting, 1928.

At the biennial meeting held in Ottawa, 1926, the following motion, sent to the meeting by the Registered Nurses Association of Ontario, was on the agenda:—

That the Canadian Nurses Association approach the Canadian Red Cross with the recommendation that the Canadian Red Cross negotiate with the Federal Government to bring about a system of enrolment from which nurses would be appointed to military service when needed, and from which they might be called upon for emergency work in time of any national or provincial disaster.

After considerable discussion the following resolution was passed:

That a conference be arranged between the C.N.A., the Federal Government and the Canadian Red Cross Society to discuss the question of such an enrolment.

At a meeting of the executive following the general meeting, Miss Jean Browne was named as convener of a committee to give effect to this resolution. Miss Browne, in consultation with the president, asked Miss Gunn and Miss Dickson, past-presidents of the Association, to serve on this committee, and this they agreed to do.

A preliminary conference was arranged in Ottawa on January 20th, 1927, between Miss Shaw, president of the C.N.A., Colonel Jacques, Director-General Medical Services of the Dept. of National Defence, and Dr. J. L. Biggar, Chief Commissioner of the Canadian Red Cross Society.

The following is the memorandum sent to the chairman of the committee by the president following the conference:

Record of a conference between the Director-General of Medical Services, Deputy-Director General of Medical Services, Miss Shaw, president of the Canadian Nurses Association, and Dr. Biggar, Chief Commissioner of the Canadian Red Cross Society, January 20th, 1927.

The Canadian Nurses Association have under consideration the idea of a plan of enrolment of Registered Nurses, to be effected in co-operation with the Canadian Red Cross Society.

Nurses so enrolled would be known to be ready for emergency service, in case of war or disaster, the provincial divisions of the Red Cross co-operating with the provincial nurses associations to keep the enrolment accurate and up-to-date.

The National Office of the Nurses Association and that of the Red Cross Society would have ready for the Department of National Defence a complete list of nurses who have volunteered for emergency service, should the Department of National Defence require such a list at any time.

The following is a copy of a letter received by the president from Col. Jacques following this interview:

Dear Miss Shaw:

With reference to the conference which took place in the office of the Director-General of Medical Services, at which, in addition to yourself, Dr. Biggar (Chief Commissioner of the Canadian Red Cross Society), the Director-General of Medical Services and the Deputy Director-General of Medical Services were present:

I am now authorized to inform you that the scheme laid down at this conference has the full endorsement of the Department of National Defence.

When this work has been carried out, I personally feel a great deal will have been accomplished, and, should an emergency arise at any time in the future, the question of organization of the nursing services will be very much advanced by this plan.

Yours truly,
(Signed) H. M. JACQUES.

On March 24th the Committee met in Toronto, and the president came down from Montreal specially for it. It was felt by all the members of the Committee that no further steps could be taken until the feeling of the federated associations of the C.N.A. was ascertained, so the president was asked to bring the question of enrolment to the consideration of the federated associations, to supply them with the necessary information and to ascertain to what extent they would be willing to support a scheme of enrolment.

The following resolution was passed by the Committee:

That in the event of the assurance of the support of the majority of federated units of the C.N.A. the committee recommends to the Executive of the C.N.A. that a request be sent to the Canadian Red Cross Society asking for the formation of a Joint Committee, of which at least one half the members will be representatives appointed by the C.N.A. to deal with matters of enrolment.

In November, 1927, the replies of the federated units were sent to the chairman of the Committee. The chairman then consulted with Miss M. F. Gray, president of the Canadian Nurses Association. The following is an extract from Miss Gray's letter:

To me the replies seem sufficiently favourable to warrant further discussion with the Red Cross, with emphasis upon the point that the nurses would like to know how the original registration would be obtained. I think once they are assured that nursing registration standards would be safeguarded that they will then be prepared to leave to the Red Cross the annual re-registration and detailed follow-up necessary to ensure being in sufficiently close touch with the individual nurses to reach them in emergency.

On December 9th, 1927, a meeting of the committee was called and Dr. Biggar was asked to attend. The following tentative plans for enrolment were agreed upon:

- (1) That names of nurses wishing to enroll should be collected by the provincial nurses' associations and passed on to the provincial offices of the Canadian Red Cross Society after eligibility has been determined.
- (2) That eligibility should be determined by
 - (a) registration in any province of Canada;
 - (b) recommendation by the Executive of the provincial nurses association of the province in which the individual resides.
- (3) The Canadian Nurses Association would not be directly concerned in the enrolment of individuals, but would be represented by its members on the National Nurses Enrolment Committee of the Canadian Red Cross Society. This joint committee would be charged with the duty of working out detailed plans for the operation of the scheme.

The Committee submits the above report to the Canadian Nurses Association Executive for approval. If approved, it is recommended that it should be transmitted by the C.N.A. Executive to the Canadian Red Cross Society for consideration. If approved by the Canadian Red Cross Society, the Joint Committee should be appointed forthwith, so that a detailed scheme might be worked out as soon as possible.

JEAN E. BROWNE, Convener.
JEAN I. GUNN.
E. MCP. DICKSON.

Addendum, June 6th, 1928: The Canadian Red Cross Society approves the plan and is ready to go ahead as soon as the C.N.A. is ready to appoint its members of the Joint Committee.

This report was received and the three recommendations contained therein adopted.

The following motion carried: "That the three nurse members who have served on this committee should be asked to continue to act, with power to add to their number, if necessary."

The Canadian Nurses Association had been invited by the Canadian Social Hygiene Council to send a representative to the annual meeting (1928) of the Council. Miss Florence H. M. Emory represented the Association, and the following report by Miss Emory was read by the executive secretary:

THE ANNUAL MEETING OF THE CANADIAN SOCIAL HYGIENE COUNCIL

The annual meeting of the Canadian Social Hygiene Council was held in Hygeia House, Toronto, on the afternoon of June 12th, 1928. New aims and objects adopted and resolutions passed by the meeting will have peculiar significance for members of the Canadian Nurses Association who are assisting in the work of the Council at various points throughout the Dominion.

(a) Aims and objects adopted:-

1. To undertake such measures as may be necessary to promote the public health, the control and elimination of communicable disease and the development of health education.
2. To undertake such measures as may be necessary to prevent, reduce or assist in the control of Venereal Diseases.
3. To promote such conditions of living, environment and personal conduct as may best protect the family as an institution.

4. To co-operate with all government agencies, and with the medical, dental and nursing professions in order to secure these ends.

(b) Resolutions passed:-

1. That the principle of periodic health examination be adopted.
2. That the principle of medical examination before marriage be adopted.
3. That the Canadian Social Hygiene Council expresses appreciation of the work of the Department of Health, Ottawa, in bringing forward such a comprehensive report on Maternal Mortality, and wishes to go on record as approving the work suggested in the improvement of maternal mortality rate and expresses the hope that all organizations concerned with this work bend every effort towards a substantial reduction in this rate during the coming year.

4. Regarding the Medical Examination of Immigrants:

Whereas the tremendous cost of preventable disease in Canada has been a matter of constant concern to the members of this Council; and

Whereas its result is a continuous and as yet unappreciated burden on the taxpayers of Canada and a hindrance to the progress of the country;

And whereas failure to provide an adequate medical inspection of immigrants entering the country as citizens makes possible the development of problems which add materially to the already serious cost of such disease and retard the evolution of a programme in Canada calculated to build a people of the finest physical and mental calibre:

Therefore be it resolved that we express our appreciation of the efforts of the Dominion Department of Health to develop an adequate scheme of medical inspection of immigrants, and urge further education of the public to the end that they may appreciate the fact that if health authorities are properly supported in their efforts directed towards the selection of healthy immigrants as well as in their attempt to conserve the health of citizens already in the country, the greatest possible contribution towards the welfare of our country will be made.

Preceding adjournment representatives of other organizations attending the meeting were given an opportunity to extend greetings and to express satisfaction regarding the activities of a private organization which has made a distinctive contribution to the betterment of health conditions in Canada.

FLORENCE H. M. EMORY.

The general meeting received this report and expressed the wish that Miss Emory be thanked for the report.

THE CANADIAN NURSE.—The Auditor's statements for the years 1926 and 1927 were presented by the editor and business manager, as:

GILBERT & LAIRD
CHARTERED ACCOUNTANTS
WINNIPEG

March 8th, 1927.

The Canadian Nurse,
Winnipeg.

Mesdames:

Herewith we submit Balance Sheet and Statement of Loss and Gain as taken from the books of account of "The Canadian Nurse" at Winnipeg, after our year-end audit and examination of same.

As usual, we have arrived at the amount of subscriptions paid and of Alumnae Association advertising paid in advance, leaving to the period only the revenue properly belonging to it.

The subscription revenue was about \$500.00 greater than for 1925, but that from advertising was over \$30.00 less. The publication costs were \$560.00 greater, so that the gross gain was about \$50.00 less.

The General Expenses were almost \$500.00 greater than for 1925, the increase being in

salaries. We note that part of Miss Wilson's was charged in 1926 to the periodical.

The final result is a net loss of nearly \$400.00 against a gain in 1925 of over \$300.00. The advertising revenue has not increased with the substantial increase in the paid-up circulation.

We hold a certificate from the Royal Bank, Portage Avenue and Carlton Street Branch, as to the balance with them at December 31st, 1926.

Subject to the above remarks, we certify that the accompanying Balance Sheet and Statement of Revenue and Expenses for the year 1926, are taken from and are in agreement with the books of account and other records, and in our opinion correctly represent the position of "The Canadian Nurse" as at December 31st, 1926, and the results of your transactions for the year ended that date in so far as they are revealed by the books and records, and from information furnished us.

Yours truly,
GILBERT & LAIRD,
Chartered Accountants.

THE CANADIAN NURSE
BALANCE SHEET, DECEMBER 31st, 1926

ASSETS	
Cash on Hand—Petty	\$.21
Cash in Royal Bank	1,207.02
	\$ 1,207.23
Accounts Receivable—	
Advertisers	
General Dr. Balances	\$ 104.65
Alumnae Association Balances	120.00
	224.65
	\$ 1,431.88
Advertisers—	
General Cr. Balances	\$ 70.51
Alumnae Association Balances	50.00
	\$ 120.51
Advertising Paid in Advance	197.17
Subscriptions Paid in Advance	1,995.93
American Journal of Nursing	2.75
	\$ 2,316.36
Deficit as at December 31st, 1925	\$ 492.23
Loss for 1926	392.25
	\$ 884.48
TOTAL DEFICIT AT DEC. 31, 1926	\$ 1,431.88
Assets as above	\$ 2,316.36

LOSS AND GAIN STATEMENT FOR TWELVE MONTHS ENDED DECEMBER 31, 1926

REVENUE	
Subscriptions applicable to the period	\$ 4,831.14
Advertising applicable to the period	2,608.07
	\$ 7,439.21
EXPENSES	
Publication Costs:—	
Printing 12 issues	\$ 5,331.07
Postage, 12 issues	274.57
Addressing and Wrapping	162.10
Mailing List Charges	58.92
Illustrations and Sundry	169.20
	\$ 5,995.86
General Expenses:—	
Salaries	\$ 1,180.00
Rent, Light, Telephone	253.50
Printing and Stationery	76.70
Postage and Excise Stamps	156.03
Audit Fee	100.00
Interest, Discount and Exchange	37.62
	\$ 1,803.85
Bad Debts written off	31.75
	\$ 7,831.46
LOSS	
	\$ 392.25

GILBERT & LAIRD
CHARTERED ACCOUNTANTS
WINNIPEG

January 18th, 1928.

The Canadian Nurse,
Winnipeg.

Mesdames:

We have again audited your books of Account and Vouchers for year just completed and have prepared from them and submit herewith a Balance Sheet and Statement of Revenue and Expenses, with Schedules of Accounts Receivable.

We have a certificate from the Royal Bank, Portage and Carlton Branch, as to the correctness of the balance shown as on hand with them.

We have carefully gone over the subscription receipts and arrived at the amount for which you are liable in advance of December 31st, 1927, and the same with the Alumnae Association advertising paid in advance.

The revenue taken credit for in the statement is, therefore, only that applicable to the period. The total was about \$100.00 greater than in 1926, subscriptions being nearly \$300.00 more and advertising \$200.00 less.

The publication costs were nearly \$60.00 less, but the general expenses \$1,800.00 greater, mostly in salaries, as the one half of Miss Wilson's was only charged to "The Canadian Nurse," beginning September, 1926, and Miss Smith's salary came on near the end of that year. The deficit on Revenue Account was, therefore, over \$1,600.00 more than in 1926. This was reduced by the grant of \$1,200.00 from the Canadian Nurses Association, and by a refund from the printer on account of overcharge in 1926 on Sales Tax of \$158.53.

Subject to the above remarks, we certify that the accompanying Balance Sheet and Revenue Statement are taken from and are in agreement with your books of account, and, in our opinion, correctly represent the position of your publication as at December 31st, 1927, and the results of your operations for the year ended that date, in so far as they are revealed by the books and other records and from information furnished us.

Yours truly,
GILBERT & LAIRD,
Chartered Accountants.

THE CANADIAN NURSE
BALANCE SHEET, DECEMBER 31st, 1927

ASSETS		
Cash on Hand—Petty		\$ 13.32
Cash in Royal Bank	\$ 600.76	
Less Outstanding Cheques	22.00	
		578.76
Accounts Receivable—		
General Advertisers	\$ 106.66	
Alumnae Association Advertisers	315.00	
		421.66
		\$ 1,013.74
LIABILITIES		
Advertisers—General—Cr. Balances	\$ 9.67	
Advertisers—Alumnae Associations—In Advance	511.65	
		\$ 521.32
Subscriptions Paid in Advance	2,046.47	
American Journal of Nursing	3.00	
		\$ 2,370.79
Deficit as at December 31, 1926	\$ 884.48	
DEFICIT FOR 1927, as per Loss and Gain Statement	672.57	
Assets as above		\$ 1,557.05
		1,013.74
		\$ 2,570.79

LOSS AND GAIN STATEMENT FOR TWELVE MONTHS ENDED DECEMBER 31, 1927

REVENUE		
Subscriptions applicable to the period	\$ 5,117.57	
Advertising applicable to the period	2,409.06	
		\$ 7,526.63
EXPENSES		
Publication Costs—		
Printing 12 Issues	\$ 5,373.00	
Postage, 12 Issues	229.34	
Addressing and Wrapping	156.45	
Mailing List Charges, etc.	65.09	
Illustrations and other charges	114.95	
		\$ 5,938.83
General Expenses—		
Salaries	\$ 2,850.00	
Rent, Light and Telephone	376.50	
Printing and Stationery	93.87	
Postage and Excise Stamps	147.83	
Audit Fee	85.00	
Sundry	29.25	
Interest, Discount and Exchange	36.45	
		3,618.90
Less Revenue as above		\$ 9,557.73
		7,526.63
Deficit on Revenue Account		\$ 2,031.10
Grant from Canadian Nurses Association	\$ 1,200.00	
Refund of Sales Tax from 1926	158.53	
		1,358.53
NET DEFICIT for period		\$ 672.57

A round table discussion on "The Canadian Nurse" then took place, dealing principally with the financial condition. At the close of the informal discussion the general session was resumed and two recommendations from the Executive Committee were presented and adopted:

RECOMMENDATION No. 1: "That the Executive Committee is of the opinion that the advertising department of "The Canadian Nurse" requires reorganization, and recommends the placing of the department under an advertising manager; but would suggest that a small committee be appointed by the incoming Executive to study this whole question under expert guidance, and report promptly to the Executive."

RECOMMENDATION No. 2: "That the Executive Committee recommends to the general meeting, Canadian Nurses Association, the appointment of an Editorial Board for "The Canadian Nurse" (six to nine members suggested), the members to serve for two years."

The general meeting then adopted the following resolution: "That the special club rate for "The Canadian Nurse" be discontinued: this to take effect at once."

MEMORIAL FUND SURPLUS

In April 1928 when the National Memorial Committee made its final report to the Executive Committee it was announced that there was a surplus of \$8,644.54. The Committee submitted to the Executive Committee several recommendations in regard to the disposal of this surplus. Before these recommendations were presented to the general meeting the delegates were requested to vote on the question as to whether or not they wished to adhere to a previous decision made at the general meeting, 1921, to the effect that any memorial fund surplus would be returned to the provincial associations to form a nucleus for provincial memorials. The result of a divisional vote showed that the majority of the federated associations were in favour of waiving their right to a share of the surplus funds.

The recommendations made by the National Memorial Committee were then presented.

No. 1. "That the funds shall at no time be placed in the general funds of the Canadian Nurses Association." This was adopted.

No. 2. Consisted of three clauses, the first two of which were defeated and the third adopted after being amended, i.e.—"To assist financially any enterprise which will be of benefit to the whole nursing profession in Canada, with special consideration being given to 'The Canadian Nurse'—the distribution to be left to the Executive Committee for action as the need arises."

The subject of the Canadian Nurses Association making provision for the placing annually of a floral tribute before the Nurses Memorial in the Hall of Fame, Ottawa, was brought to the attention of the meeting, and the following resolution passed: "That the Executive Committee in considering the disposal of the surplus of the Memorial Fund be asked to consider the establishment of a fund to provide for an annual floral tribute on Armistice Day to be placed before the Canadian Nurses Memorial."

REPORT OF COMMITTEE ON ARRANGEMENTS, INTERNATIONAL COUNCIL OF NURSES, 1929

The committee on arrangements for the Montreal Congress was appointed at the interim meeting of the international executive in Geneva, 1927.

Members of the committee to be:

Miss F. M. Shaw, chairman.
Miss Jean Browne.
Miss E. Smellie.
Miss E. Hurley.
Miss M. F. Hersey.

Later Miss M. K. Holt was asked to fill the vacancy caused by the death of Miss Shaw.

Several meetings of the arrangements committee have been held in Montreal, the local members attending all meetings, the out of town members attending as many as possible.

The date of the International Congress was fixed by the board of directors for July 8th to 15th, 1929.

Sub-committees were appointed as follows:

Finance.
Entertainment.
Housing.
Registration.
Transportation.
Publicity.
Exhibits.
Printing and Advertising.

The general committee prepared a tentative budget, which was accepted by the finance committee; this was later added to and now stands at \$20,000.

A provisional office was opened at the Royal Victoria Hospital.

Buildings have been secured for the meetings: Montreal Forum, seating capacity 10,000, for general sessions, and a high school on University Street, for registration purposes, sectional meetings and exhibits. This high school has a cafeteria used for students, which we hope to keep open as an exceptionally reasonable lunch is served there.

The Montreal Tourist and Convention Bureau promise to do—along certain lines—as much advertising as we wish, free of charge.

BUDGET

1. Entertainment	\$ 1,000
2. Erection of booths, etc.	500
3. Hospitality to Delegates	5,000
4. Expense of buildings for meetings	2,500
5. Printing, including programme, badges, posters, signs, etc.	3,000
6. Amplifiers	400
7. Publicity	500
8. Clerical assistance	800
9. Postage and office supplies	50
10. Janitor—cleaning, etc.	200

	\$13,950
11. Added by Finance Committee	6,050

	\$20,000

FINANCE COMMITTEE

Chairman—Miss Jean Browne, Toronto.
Vice-Chairman—Miss Jean Gunn, Toronto.

Treasurer—Miss McKee, Brantford.

Secretary—Miss E. McP. Dickson, Weston.

Members—Miss Kathleen Russell, Toronto; Miss M. F. Hersey, Montreal.

This committee reports two meetings.

It was decided "That the associations affiliated with the C.N.A. be asked to assume responsibility at the rate of \$2.00 per member of the Association, as their share in defraving the local expenses of the international meeting in Montreal.

"That the arrangements committee approach the Mayor of Montreal ask-

ing for a grant of \$5,000 from the City of Montreal toward local expenses in connection with the international meeting, and that all funds be forwarded to the treasurer, Miss McKee, not later than January, 1929, and further that before that date all affiliated associations be requested to advise the committee as to their intentions in the matter of their support of the finance committee."

ENTERTAINMENT COMMITTEE

Chairman—Miss Mabel Holt

Many kinds of entertainment have been offered to the convener of this committee, but it was felt the fall of this year would be time enough to get definite details.

This committee includes sight seeing, luncheons, banquets, provision for regular meals, etc., and sub-committees have again been formed to take care of these special things.

HOUSING COMMITTEE

Chairman—Miss Edith B. Hurley

This committee reports as follows: Beds reserved in hotels, 2,300; but very few single rooms. (All these beds at reasonable hotel rates.)

In convents, 1,500 beds promised, with a possible extra 1,000, making 2,500. (The convents will give beds and breakfast from \$1.00 to \$1.50. (\$1.50 being single rooms.)

This means 4,800 beds practically arranged for.

There are many private hotels and good boarding houses yet to be reported upon, and hospitality has been offered by many private individuals.

EXHIBITS

Chairman—Miss Catherine Ferguson

This committee has been appointed and has charge of all decorating, professional and commercial exhibits, erection of booths for same, and also the erection of information booths at stations.

REGISTRATION

Chairman—Miss Esther Beith

As this committee will not meet until the autumn there is no report at present.

TRANSPORTATION

Chairman—Miss Margaret Moag

The convener reported that the representative of Thos. Cook & Sons in Montreal, had been interviewed, and would be responsible for publicity in any country having a national magazine.

Mr. Burke, of the General Passenger Service, said that applications for reduced rates should be made to Mr. G. H. Webster, of the General Passenger Association, and on receipt of forms from him, all information as to date of meeting, numbers, etc., should be sent him, and he would send such information to all points in Canada and U.S.A. and tickets would be reduced on application.

PUBLICITY

Chairman—Miss Ethel Sharpe

The convener reports two meetings of this committee, at which representatives from railways and steamship lines were present.

Lists of affiliated national associations, and of state and provincial associations in the United States and Canada were given to these representatives who wished to advertise rates, etc., in the nursing magazines. An article on Montreal, including a paragraph of information on arrangements has been published in all the nursing journals. The publicity agent of the Robert Reford Line is writing a series of articles on Canada. The first of these with some views of Canadian scenery has been sent to Miss Reimann for European magazines. As soon as information on housing and transportation is available, a pamphlet will be prepared for distribution.

PRINTING AND ADVERTISING

Chairman—Miss Olga Lilly

This committee is soliciting advertising matter for the programme, and will look after all printing, etc.

It is the hope of the committee on arrangements that all possible contingencies will be anticipated and prepared for, and that the comfort and pleasure of every individual

attending the congress in Montreal will be assured.

MABEL F. HERSEY,
Chairman.

This report was adopted and in discussion which followed the Canadian Nurses Association expressed its approval of the recommendation made by the Finance Committee regarding funds to meet expenses of the Congress. The question of an individual registration fee for all attending the Congress was brought to the attention of the assembly. An officer of the International Council of Nurses who was present stated that the amount of this registration fee had not yet been determined by the Council but it was customary to charge a small registration fee to assist in defraying the expenses of the International Congress.

The estimated budget submitted by the Committee on Arrangements was adopted and the following resolution approved: "That the surplus funds (if any) from the International Council of Nurses Congress Budget become the property of the Canadian Nurses Association to be used at the Executive Committee's discretion to cover any expense arising in the next two years."

The convener of the sub-committee on housing asked that the opinion of the delegates be expressed in connection with the suggestion that accommodation be obtained in the convents of Montreal.

The suggestion met with the approval of the general meeting.

MISCELLANEOUS RECOMMENDATIONS FROM EXECUTIVE COMMITTEE

1. That in the By-Laws, Canadian Nurses Association, Article 7, Clause 6, be changed to read: In case of a vacancy in any office the Executive Committee shall appoint a member to serve until her successor is elected. —Ratified unanimously.

2. That the Executive Committee recommends the consideration of planning for commercial exhibits at biennial meetings.—Ratified.

3. The Executive Committee recommends the appointment of the following four representatives of the Canadian Nurses Association, chosen geographically, for the International Council of Nurses Congress, Montreal, 1929, and provides for the appointment

of alternates by the Executive Committee, if necessary: Miss Mabel F. Gray, Vancouver, B.C.; Miss Ruby M. Simpson, Regina, Sask.; Miss Jean E. Browne, Toronto, Ont.; Miss Margaret Murdoch, Saint John, N.B.

4. That Miss Mary Agnes Snively, as first president of the Canadian Nurses Association and councillor, International Council of Nurses, be invited to attend the Congress at Montreal in 1929 as the guest of the Canadian Nurses Association, and that funds in annual Budget (delegates expenses, I.C.N.), be used for this purpose.—Ratified.

OTHER RESOLUTIONS ADOPTED

1. That the History of Nursing Society, School for Graduate Nurses, McGill University, be given permission to publish a calendar under the auspices of the Canadian Nurses Association, provided that the material be submitted to and approved by the Executive Committee, Canadian Nurses Association, and that permission be now granted the society to secure subscriptions at the general meeting.

2. That the Canadian Nurses Association expresses to the Alumnae, School for Graduate Nurses, McGill University, its sympathetic interest in their plan of establishing a memorial to Miss Flora Madeline Shaw, and states that later when the Canadian Nurses Association has met the heavy obligations undertaken at the Biennial Meeting, 1928, which have to be met in the immediate future, the matter will be brought up for further consideration.

3. That the Canadian Nurses Association heartily endorses the aims of the League of Nations and urges upon its members the importance of individual membership in the League. Also that the addresses of the central and local officers of the League of Nations Society in Canada be published in "The Canadian Nurse."

4. That owing to pressure of business the reports of federated associations be taken as read.

REPORT, RESOLUTION COMMITTEE

In the absence of Miss Edith Rayside the report was read by Miss Maude Retallick.

Resolved that the thanks of the C.N.A. be extended—

To the Hostess Organization, the Manitoba Association of Graduate Nurses, for the excellent way the arrangements were made for this biennial meeting, and the Committee on Arrangements for the munificent hospitality that has been expended in the entertainment of the delegates and visiting members.

To the Manitoba Medical Association, to the Alumnae and Nursing Staff of St. Boniface Hospital, to the Alumnae of the Winnipeg General Hospital, to the Staff of the Municipal Hospital, to the Winnipeg General Hospital and to the Overseas Nursing Sisters Club.

To the management of the Fort Garry for the attention and service rendered the C.N.A.,

to the City of Winnipeg, to the Provincial Government and the Manitoba Medical Association for their cordial welcome.

To the Winnipeg General Hospital Nurses' Glee Club for their delightful music.

To Dr. A. T. Mathers, Prof. R. C. Wallace, and Miss Ruth Hallowes.

To the retiring Officers of the Executive Committee for the past two years.

To the Press for published reports and editorials.

That this general assembly of the Canadian Nurses Association record their appreciation and confidence in the work of the Arrangements Committee, International Council of Nurses Congress.

RESOLUTIONS FROM NURSING EDUCATION SECTION

Whereas there is an apparent lack of communication between the three national sections and the corresponding three provincial sections, the following suggestions are offered:

1. That the provincial sections meet quarterly as far as possible.
2. That a full report of all meetings of the provincial sections be sent to the secretary of the corresponding national section.
3. That a full report of all meetings of the Executive Committees of the three national sections be sent by the secretaries to the provincial secretaries of the corresponding section.
4. That the secretaries of the three national sections be responsible for sending to the corresponding provincial sections all items of interest and progress which may have been reported from the various provincial sections, or which may be the result of the activities of the standing and special committees of the National Sections. It is further recommended that this same information be sent to the executive secretary of the Canadian Nurses Association.

5. That the secretaries of the three national sections be asked to secure an interim report at the end of the first year from each standing and special committee and that a copy of these reports be sent to the executive secretary of the Canadian Nurses Association.

RESOLUTIONS FROM PUBLIC HEALTH SECTION

That the Canadian Nurses Association recommends that consideration be given by each provincial organization to the question of combining a Refresher Course for public health nurses with the annual provincial meeting.

The Public Health Section recommends that the Canadian Nurses Association establish at headquarters a register for public health nurses, for the mutual benefit of said nurses and those desiring their services.

All resolutions presented by the Resolutions Committee were adopted.

OFFICERS

The election of officers was announced by the scrutineers.
 President, Miss M. F. Hersey, Montreal, P.Q.
 1st Vice-President, Miss K. W. Ellis, Vancouver, B.C.
 2nd Vice-President, Miss G. M. Bennett, Ottawa, Ont.
 Hon. Secretary, Miss E. B. Hurley, Montreal, P.Q.
 Hon. Treasurer, Miss R. M. Simpson, Regina, Sask.

ANNUAL BUDGET

The Executive Committee submitted the following resolution when the Budget was presented: "That since item 15 is now covered by the resolution re the surplus funds of the Memorial Fund, the Executive recommends that the amount be reduced from \$2,000 to \$1,000 to cover deficit which will occur in the near future."

The Budget as submitted, with change made in item 15 from \$2,000 to \$1,000, was then adopted by the Association.

1. Salaries.....	\$2,250.00
2. Rent, light, telephone.....	378.50
3. Printing and stationery.....	250.00
4. Sundry office expenses (postage and telegrams, etc.).....	150.00
5. Text books.....	10.00
6. Insurance and depreciation.....	45.20
7. Audit fee.....	20.00
8. Grants (Sections).....	450.00
9. Fees (I.C.N.).....	500.00
10. Fees (Affiliation).....	25.00
11. Expenses—Biennial Meeting.....	250.00
12. Travelling expenses (Executive).....	200.00
13. Travelling expenses (I.C.N.).....	250.00
14. Cost of binding 12 volumes of "The Canadian Nurse".....	30.00
15. Deficit, "The Canadian Nurse" (estimated).....	1,000.00
Total.....	\$5,808.70

Two invitations were received for the 1930 biennial meeting. One from the Graduate Nurses Association of Victoria, B.C., and the other from the Saskatchewan Registered Nurses Association to meet in the city of Regina.

By ballot vote the decision of the delegates favoured Regina, Sask., as the place of next meeting.

EXHIBITS

Much credit is due to the Manitoba Graduate Nurses Association for the Exhibit which was so excellently arranged under the direction of this Association. A number of contributions received from other provinces added to the attractiveness of the various booths, while a number of student nurses in uniform were constantly in attendance to explain the uses of the various appliances, and to answer numerous enquiries.

Altogether, in retrospect, the meeting of 1928 may well be regarded as one of the best ever held. Almost 250 nurses registered and from the attendance at each meeting it would seem that no one missed a single session. A large number were attending a biennial meeting for the first time. It was encouraging to have those members present, and to have them participate in all discussions. Those who had attended several general meetings were delighted to meet with former acquaintances, and all appeared determined not only to get all they could from the discussions but also to contribute of their best. Following a week of business meetings interspersed with generous hospitality the general meeting closed with "Farewell until Montreal in 1929."

NURSING EDUCATION SECTION

The Nursing Education Section of the Canadian Nurses Association held three sessions, presided over by Miss Jean I. Gunn, chairman.

A large number of papers and four Round Table Discussions covered the numerous subjects which are receiving the attention of the Section at the present time. These papers and discussions will be published later in *The Canadian Nurse*.

Miss Ruth M. Hallowes, education officer of the College of Nursing, London, England, addressed the Section on the subject of The Educational Programme of the College of Nursing.

In the absence of the secretary (Miss Eleanor McPhedran), Miss Frances L. Reed was appointed secretary pro tem.

SECRETARY'S REPORT

I beg to submit this very meagre report of the activities of the general office of the Nursing Education Section, 1926-1928. Miss Guernsey, who was appointed chairman of the Section in 1926, resigned in August, 1927. Through an unfortunate reading of the Constitution and By-Laws of the Section, which I cannot think to be altogether clear, there was some delay in appointing her successor, but by the almost unanimous vote of the members of the Executive, Miss Gunn (Vice-Chairman), was selected as Acting Chairman for the remainder of the term. The work of carrying on was left with conveners of Provincial Committees and of Special Committees. Unfortunately some of the notices sent out in the fall of 1926 were evidently not received. Since taking over the work, Miss Gunn has given largely of her time, ability and energy, and it is entirely due to her that this very interesting programme has been placed before you.

It is very evident that the various divisions of the Section are more or less marking time, waiting the recommendations of the Joint Committee, appointed by the Executives of the Canadian Nurses Association and the Canadian Medical Association, in their survey of the nursing situation in Canada.

I am enclosing herewith such reports of the Provincial Committees and of the Special Committees as have been received.

May I say here that the experience of the last two years leads me to think that it would be an advantage if the choice of your officers were made from nurses in close touch with larger communities. The personal contact and interchange of thought do much to stimulate interest in the carrying out of the detail of the work.

ELEANOR MCPHEDRAN.

RESOLUTIONS COMMITTEE:—Misses K. W. Ellis, E. Allder, and B. L. Ellis.

Following the report of the Nominating Committee the following motion was passed:

"That the names submitted by the Committee for the office of vice-chairman be used from which to choose a chairman and a vice-chairman be elected from the ones remaining."

After the report of the Text Book Committee was read, the following motion carried:

"That a committee be appointed to assist the editor in arranging for the review of books which are sent by publishers to the National Office, and that this committee be appointed by the incoming executive."

No reports were received from the three following committees:

1. Scholarships. Motion carried "That the Scholarships Committee be dissolved for the present."

2. The Subsidiary Nurse. As the committee had been transferred to the C.N.A. it had therefore ceased to function in this Section.

3. Committee on Constitution and By-Laws.

4. Committee to collect and collate information of Schools of Nursing in Canada. The convener of this committee reported that she had not been notified of her appointment.

Motion then carried:

"That Miss Jean Wilson be asked to convene a committee; that the committee collect information through the Provincial Nurses Associations and have it compiled in the National Office."

The reports from conveners of provincial sections on Nursing Education were read by provincial representatives.

The resolutions presented from the Round Table: How may the Nursing Education Section best serve Nursing Education in Canada, were adopted and sent on the the general meeting.

The resolution presented from the Round Table for Superintendents of Schools of Nursing was adopted, i.e.:

"That a small committee to which each province shall be asked to appoint a representative, be appointed to consider such Nursing Education problems as; educational admission standards, uniformity in pre-nursing courses in high schools, minimum standard curriculum, entrance fees, centralized preliminary nursing courses, etc., and that the recommendations included in the paper on Educational Standards be sent on to this Committee."

The subject Organization of Community Interest in Nursing Education was ably presented from the standpoint of the public, the hospital, the medical profession and the nursing profession. Following discussion this motion carried:

"That a committee of three be appointed to stimulate public interest in nursing education, particularly the Press and that this committee be appointed by the incoming Executive."

OFFICERS ELECTED

Chairman, Miss Mabel K. Holt.
Vice-Chairman, Miss Jessie E. Grant.
Secretary, Miss Gertrude M. Bennett.
Treasurer, Miss Frances L. Reed.

TREASURER'S REPORT, 1926-1928

RECEIPTS

Balance in Bank—August, 1926.....	\$255.23
Fees—Outstanding—August, 1926.....	33.00
Grant—C.N.A., 1927.....	150.00
Grant—C.N.A., 1928.....	75.00
Interest.....	12.98

\$526.21

EXPENDITURES

Secretary—Convention ex- penses, 1926.....	\$ 10.00
Chairman's convention ex- penses, 1926.....	49.65
Expenses—Miss Logan.....	64.56
Printing.....	6.00
Exchange.....	.30
Balance in Bank.....	395.70

\$526.21 \$526.21

PUBLIC HEALTH SECTION

The Public Health Section of the Canadian Nurses Association held three sessions, presided over by Miss Elizabeth L. Smellie, chairman.

At a public meeting held on Friday evening, July 6th, a large audience heard three excellent addresses given, i.e., (1) Public Support of Nursing Services, by Miss Mabel Finch, secretary of the United Farm Women of Manitoba; (2) The Public Health Nurse and the Child Welfare Programme, by Miss Charlotte Whitton, executive secretary, Canadian Council on Child Welfare; (3) What a Department of Public Health Expects of the Nursing Profession, by the Hon. E. W. Montgomery, minister of health and welfare for Manitoba.

A second session was devoted to the subject: "The Nurse as a Teacher of Infant Care." Speakers participating in the programme were: Miss Ruby Simpson, who spoke on the Fundamental Principles of Teaching; Miss C. V. Barrett, whose subject was The Mother on the Maternity Wards; Miss C. de N. Fraser, who discussed The Young Mother in the Home; Miss Marjorie Baird spoke on The Mother and the Big Sister in the Home, and Miss J. G. Stothart, The Big Sister at School. Following Miss Stothart's paper a demonstration was given by five little girls which showed the very excellent method of demonstrating the principles of teaching as applied to the groups under instruction. These papers will be published later.

At the business session held on Wednesday, July 4th, Miss Marion Nash was appointed secretary problem in the absence of Miss E. M. Beith.

In her address as chairman, Miss Smellie enlarged on the present and future tendencies in Public Health Nursing. This address will be published in a later issue of the journal.

RESOLUTIONS COMMITTEE:—Misses Elizabeth Clark and May Ewart.

NOMINATION COMMITTEE:—Misses R. M. Simpson, E. Gilroy, B. Emerson.

The reports from the provincial sections were presented. A synopsis of these reports will be published in a later number of the journal. The suggestion was made that the question of the desirability of membership in the Canadian Public Health Association be brought to the attention of members of all provincial associations by representatives attending this meeting.

It was also suggested that the activities of the Publication Committee of the Public Health Section be directed towards stimulating members to write material for publication in "The Canadian Nurse": such material to be forwarded direct to the editor at the National Office.

RESOLUTIONS PASSED

1. That since the provisions of the item re "voting membership" have apparently not been complied with, THEREFORE BE IT RESOLVED That, for this meeting only, all Public Health Nurses in good standing in their provincial associations present at this meeting be allowed to vote.
2. That Article III of the By-Laws of the Public Health Section, re Membership, be referred to the provincial associations for discussion—recommendations to be sent to the chairman of the Public Health Section.
3. That the Library Committee be dissolved.
4. That whereas there is under consideration a study of nursing in Canada by a joint committee, the committee appointed by the Public Health Section of the Canadian Nurses Association to make a study of nursing problems be dissolved.
5. That a copy of the letter received from the Canadian Public Health Association be sent to provincial associations.
6. That consideration be given by each provincial association to the question of combining a refresher course for Public Health Nurses with the annual provincial meeting.
7. That the Public Health Section of the Canadian Nurses Association recommends

that the Canadian Nurses Association establish at headquarters a register of public health nurses, for the mutual benefit of said nurses and those desiring their services.

8. In order to effect wider facilities for experience for nurses in the public health field, we beg to move that the matter of international exchange of public health nurses be submitted to the Executive of the Canadian Nurses for approval, to be brought up in turn at the International Congress in Montreal in 1929.

OFFICERS ELECTED

Chairman (re-elected), Miss E. L. Smellie.
Vice-Chairman, Miss M. Wilkinson.
Secretary-Treasurer (re-elected), Miss Esther M. Beith.

TREASURER'S REPORT, 1926-1928

RECEIPTS

Miss McKay	\$118.15
C.N.A.	75.00
C.N.A.	75.00
C.N.A.	75.00
Bank Interest to June 1, 1928	9.84

\$352.99

DISBURSEMENTS

Travelling expenses (secretary)	\$ 27.35
Postage (secretary)	2.65
Postage (chairman)	2.00
Cheque (Miss Smellie: expenses Winnipeg Conference)	125.00
 Total Disbursements	\$352.99
Cash on hand, June 30	\$157.00
	195.99

\$352.99 \$352.99

PRIVATE DUTY SECTION

The Private Duty Section of the Canadian Nurses Association held two sessions, Miss Emma Hamilton, chairman, presiding. Miss Agnes Jamieson acted as secretary pro tem, in the absence of Miss H. Carruthers.

In her address as chairman Miss Hamilton particularly stressed the advisability of a ten or twelve hour day for private duty nurses, and emphasized the advantage that group nursing would be to those who could not afford the full time service of a nurse. The question of hourly nursing was also dealt with.

The secretary reported that progress had been made by the section in several of the provincial associations. A number of extension courses held in connection with several universities had been well attended by private duty nurses.

The convener of Publications reported that four provinces only had contributed articles for publication in "The Canadian Nurse," i.e., Ontario, Quebec, Manitoba and New Brunswick.

The Roll Call showed that the convener of the Private Duty Section, Graduate Nurses Association, Prince Edward Island, was the only provincial convener present.

At the second session the following papers were presented:

Group Nursing: (a) Dr. A. L. Lockwood; (b) Miss Agnes Jamieson; (c) Miss Theresa O'Rourke.

Maternal Mortality in Canada: (a) Dr. Ross Mitchell, who dealt with the subject from the urban point of view, and (b) Miss Isabel Stewart, who considered the question from the rural standpoint.

In discussion following the papers on Group Nursing, Miss Caroline Gray, superintendent of nurses, Colonial Hospital, Rochester, Minn., gave an interesting talk on the way Group Nursing is carried out at that hospital. These papers will be published in a later number of "The Canadian Nurse."

OFFICERS ELECTED

Chairman, Miss Agnes Jamieson.
Vice-Chairman, Miss Clara Brown.
Secretary-Treasurer, Miss Blanche Marleau.
Convenor, Publications Committee, Miss Theresa O'Rourke.

TREASURER'S REPORT, 1926-1928

RECEIPTS

1927, Amount transferred from Vancouver	\$171.92
To cheque from C.N.A.	74.85
Interest	1.03
Cheque from C.N.A.	74.85
Interest	3.70
1928, Cheque from C.N.A.	74.85
Interest	5.26

\$406.46

DISBURSEMENTS

1928, By Miss Emma Hamilton re expenses to Winnipeg, C.N.A.	\$175.00
Typing, Postage, etc.	3.50
Miss Helen Carruthers, for typing, etc.	1.75
Balance as per bank book	226.21
	\$406.46



Miss RUTH M. HALLOWES, M.A., S.R.N.

Tradition in English Nursing

By RUTH M. HALLOWES, M.A., S.R.N.

We all know that at the present day tradition no longer has the unquestioned influence that it possessed in former times; we now hear at least as much of the danger of being hide-bound by tradition as of the privilege of inheriting a great tradition. Yet no country, new or old, can escape from either inheriting or building a tradition; perhaps, indeed, it would be more accurate to say that the two processes are usually going on at the same time.

Each profession also has its stream of tradition, and in none is this larger or of more varied interest, than in the nursing profession.

I owe the honour of addressing you to the fact that, for us, this stream of tradition is *one* for a great part of its course, though I do not forget the sister stream of influence which, in some provinces of this country, add such a unique charm to the history of nursing. Confining ourselves, however, to the past of English nursing and its influence on the present, which was the first hospital, as distinct from the private infirmary of a monastery, to be actually erected in England? It

appears to have been that of St. Peter and St. Leonard at York, founded by Athelstane in 936.

If this is so, and York was really the first city to build an English hospital, it is an interesting coincidence that this same city, many hundred years later, took the lead in the reformed treatment of mental diseases in England; for here William Juke, following Piret's system, founded in 1792 his famous "Retreat," still a flourishing and leading institution. Thus, when in 1925 a monument was erected to those of the Empire's nurses—numbering more than 1,300—who gave their lives in the great war, it was very fitting that it should be placed in York Cathedral.

Much interest attaches to another early hospital, that of St. Bartholomew, in the county of Kent, at Rochester, not to be confused with the great London hospital of the same name.

This hospital, built by Gundry, eleventh Bishop of Rochester, in 1078, was intended for the reception of lepers and other sick pilgrims returning from the Holy Land. The

good bishop seems to have had sound ideas about preventing the spread of disease, for he placed his hospital at the strategic point where travellers going north from Dover would reach the first bridge over the Medway.

The patients were at first in charge of a prior and four brothers, but in the reign of Edward III. we read of sisters also caring for them. This foundation still survives. It passed through many vicissitudes, Queen Elizabeth let out its chapel as a private dwelling house, James I. attempted to seize its lands. However, it weathered all storms, and today a modern hospital of 150 beds stands on Bishop Gundry's land, and derives half its income from estates donated by him; whilst the chapel, fortunate in careful restorers, still retains some of its original beautiful Norman work. This interesting link between the eleventh and the twentieth centuries can be easily reached from London.

The famous Order of St. John of Jerusalem made its appearance in England in the year 1100, and the knights were established at Clerkenwell Priory, the buildings consisting of a church, a hospital and an inn. The sisters were given a priory at Buckland in Somerset in 1166. Of interest to nurses of all times are those rules of the order which ordained that the patient should be treated "like a noble," and inculcated the practice of hospitality as "the highest virtue, including all others."

The order was suppressed by Henry VIII. in 1534, restored by Mary Tudor, and finally suppressed by Queen Elizabeth. Its revival in modern form in England dates from early in the 19th century, and in 1877 the St. John Ambulance Association was founded by members of the order, its general object being stated as "the promotion of instruction in, and the carrying out of, works for the relief of the suffering of the sick and injured in peace and

war, irrespective of race, class or creed."

It is needless to emphasize how nobly in conjunction with the Red Cross Society this object was carried out in late war.

Very appropriately the headquarters of the St. John Ambulance Association are now at Clerkenwell, in the east central district of London, where all remains of the original buildings, notably a gateway, are piously preserved.

Passing on down the 12th century we come to an important landmark in the foundation of St. Bartholomew's Hospital in 1123 by the monk Rahen, in earlier life a favourite courtier of Henry I. The story goes that Rahen, on a pilgrimage to Rome, fell sick, and vowed to build a hospital should he recover and return to England. Before his illness he had visited the church of St. Bartholomew, then newly built on an island in the Tiber where stood the ruins of the temple of Aesculapius, and he now had a dream in which the site of his own projected hospital was indicated to him by the saint.

On his return he enlisted the help of the King and the Bishop of London, and fulfilled his vow by erecting, in Smithfield, a hospital, and a priory of which he became the first prior. The hospital was served by Augustinian brothers and sisters who entertained the sick, the poor, pregnant women and orphans. This famous institution, which, as all the nursing world knows, still flourishes on its original site, received the first charter from Henry I. in 1133. It celebrated its 800th anniversary in June, 1923.

Another twelfth century hospital which no longer exists as such, but which is interesting on account of later developments connected with it, was that of St. Katherine, established in 1148 near the Tower of London, by Queen Matilda, the wife of Stephen.

It is perhaps hardly correct to call this institution a hospital in the strict sense of the term.

The community consisted of a master, three brothers, three sisters, and bedeswomen, and it appears that their activities took the form of prayer, almsgiving and visiting the sick, the latter as a duty expressly enjoined in a charter granted by Philippa, wife of Edward III.

The buildings comprised a magnificent church, and cloisters in which were the allotted houses of the community. The institution, perhaps because it was under the sole patronage and control of the Queens of England, escaped the dissolution of the monasteries and thus became the sole example of pre-reformation English religious foundation, surviving as such into modern times. Its buildings were, however, pulled down in 1825 to make room for St. Katherine's Docks, and the community moved to new quarters in Regent's Park, taking with them a few treasures from their old church. In 1877 Queen Victoria was petitioned that St. Katherine's might be used as a training school for nurses for the sick poor, and in the next year the request was granted and the few original "Queen's Nurses" were appointed. They received a grant from St. Katherine's, and met there at intervals.

So it was a natural development that, when Her Majesty in 1887 decided to devote the Women's Jubilee Offering to the cause of district nursing, the Queen Victoria Jubilee Institute should be established at St. Katherine's Hospital.

Thus, with a background stretching deep into the past, the Queen's Jubilee District Nurses, twin sister to the Victorian Order of Nurses for Canada, came into existence. The then master of St. Katherine's was made president for his life, and the superintendent of nurses and her assistants were given accommodation within the hospital precincts. This

accommodation has long since been outgrown, and the headquarters of the institution are now in Victoria Street. According to a recent supplemental charter granted by King George, the reigning Queen of England is, quite in the spirit of the old foundation, always to be patron of the institute; the words "Victoria Jubilee" have therefore been dropped, and the official title of the organization now reads: "Queen's District Nurses Association."

The origin of St. Thomas's, the other great London general hospital which still flourishes in modern times, is not quite so clear cut as that of St. Bartholomew's. This hospital really descends from two foundations, one of which dates from long before the Norman Conquest, when a pious maiden named Mary built a small convent for sisters on the south side of the Thames with the profits derived from running a ferry. This convent was turned into a college of priests by St. Swithin, Bishop of Winchester from 852 to 862, and finally in 1106 became the Priory of St. Mary Overie (over the river), which contained provision for the sick and maimed. About 20 years previously the great priory of Bermondsey, to which was attached an almonry for poor women and indigent children, had been founded, also on the south side of the Thames. Early in the thirteenth century this priory and its almonry were burnt down, but in 1223 Peter de Rupibus, the powerful Bishop of Winchester, re-endowed "the ancient hospital built of old to entertain the poor" and re-named it after St. Thomas the Martyr of Canterbury. He also drew up a constitution for his new foundation, under which the hospital of St. Mary Overie and the almonry of Bermondsey were united in the one building of St. Thomas's Hospital, which was placed on the south side of London Bridge "where the air is more pure and calm, and the supply of water more plentiful."

On this site St. Thomas's Hospital stood till the year 1866.

One more pre-reformation hospital that still survives must be mentioned, that of St. Mary of Bethlehem, founded as a priory in Bishopsgate in 1247, in which both brothers and sisters acted as nurses. This is the institution that later became famous, or rather infamous, as Bedlam: it was at one time a recognized entertainment among the citizens of London to go there "to see the mad folks," and there the last scene of Hogarth's "Rake's Progress" is placed. Bethlehem was at first a general hospital, but it must have become specialized by the time of Queen Elizabeth, for in a quaint appeal for funds which she issued on its behalf we read: "Some be straught from their wyttes. These be kepte and mayntend in the Hospital of our Ladie of Beddelem untyle God caule them to his macey, or to their wyttes agayne."

This hospital has twice changed its site, first to Moorfields and then to St. George's Road, not far from the present St. Thomas's; it is now moving into the country, and its former spacious grounds, thanks to private generosity, are to become a park for the congested district of Lambeth.

Needless to say, the dark days of coercion and cruelty have long been things of the past, and the institution now represents all that is most enlightened in the treatment of the mentally ill, and in the training of the nurses who care for them.

Time forbids mention of any other of these early foundations than those which have either survived into the present, or exerted a direct influence upon it.

The dissolution of the monasteries stretches like a chasm across the history of English nursing—if indeed we can speak at all of nursing history as distinct from hospital history in pre-reformation times. In spite of the wholesale and barbarous

destruction of precious manuscripts which took place at this time, St. Bartholomew's is fortunate in possessing some valuable archives of early date; but these are concerned rather with legal matters and property than with the activities of the nursing staff.

In 1538 the possessions of St. Bartholomew's, St. Thomas's and St. Mary of Bethlehem were seized, but the loss of these institutions was so much felt that in a few years Sir Richard Gresham, Lord Mayor of London, appealed on behalf of the citizens, to Henry VIII. for restoration "of the iii hospitals or spytells founded of good devotion by ancient fathers, and endowed with great possessions and rents, only for the relief, comfort and helping of the poore and impotente people lying in every street offending every cleane persone passing by the way with their fylthy and nasty savors."

It is surely characteristic of the new era that the offence to the nostrils of the worthy citizens is given at least equal weight with the suffering of the sick. St. Bartholomew's was restored in 1546, St. Thomas's not until after the accession of Edward VI., when "Ridley, that zealous and charitable prelate," moved the young king in the matter, thus, the burly King Henry is honoured in picture and statue as the refounder of St. Bartholomew's, whilst the fragile-looking Edward VI. occupies the same place at St. Thomas's.

We now enter upon what is always known as the dark period in nursing. The hospitals were refounded on an entirely secular basis, their constitutions being largely modelled on those of the old livery companies of London. Strict rules were indeed laid down for the nurses. At St. Bartholomew's they were adjured: "You shall . . . utterly avoid all light, wanton . . . and foolish words, gestures and manners." "Above all things see that you

avoid, abhor and detest scolding and drunkenness as most pestilent and filthy vices"—and finally, "So much as in you shall lie, ye shall avoid and shun the conversation and company of all men."

But the old traditions had passed away, and the new traditions were not yet, and things seem to have gone from bad to worse.

One of the worst abuses was the regular extraction by the nurses of fees from the patients. This was indeed a somewhat natural result of wretched salaries, but it serves to explain why a rule forbidding the acceptance of any gratuity is even now usually included in a nurse's instructions on admission to hospital.

Among attempts at reform of this evil may be quoted an eighteenth century rule from St. Thomas's, that it is the duty of the sister to "wash or cause to be washed all weak people's cloths, without taking money or reward for the same."

The nurse was scandalously over-worked: at St. Thomas's at the above date it was her duty among other things, "to make all beds on one side of the ward, and to scour and make clean the beds and floors of the whole ward, with the tables and forms, the passage and stairs and garrets," her only assistants being convalescent patients. The long suffering nurse had in addition to attend at the ringing of the Bread-Bell and the Cook's-Bell to receive the provisions for the patients, and also to "attend the Butler at the ringing the Beer-Bell and take with her such patients as are able to carry the beer in safety to the ward, and not suffer such patients to waste or embezzle it by the way." Strangest of all, to our modern notions, was the attitude towards night duty. The sisters of St. Bartholomew's were ordered to be in their dormitory (they did not have private rooms till 1787) by seven o'clock at night in winter and nine o'clock in sum-

mer, and not thereafter to leave it "except ye shall be appointed and commanded by the matron . . . for some great and special cause that shall concern the poor (as the present danger of death or extreme sickness), and yet being so called ye shall remain no longer with such diseased person than just cause shall require." Even at a much later date than this, night nursing was undertaken, not by the regular staff of the hospital, but by "watchers" of an inferior class who came in by the night, much like charwomen.

Brief mention only can be made of two famous hospitals founded in the eighteenth century. It is recorded in the minutes of St. Thomas's Hospital for the year 1721, that "our worthy governor and benefactor, Thomas Guy, intending to found and create an hospital for incurables, in the close of this hospital, we have agreed to grant him a lease." Guy's Hospital was opened in 1725. It stands near the former site of St. Thomas's Hospital in Southwark, and, in spite of the above mention of incurables, seems early to have become general. The poet Keats was once a student at Guy's and the famous names of Bright and Addison occur in the annals of its medical school.

The London Hospital, famous among nurses as having organized the first preliminary training school in England, was founded in Whitechapel in 1740, and is now the largest hospital in London.

I propose barely to touch on the period of reform in nursing: its history is readily accessible, and is, I am sure, well known to my audience.

Mrs. Fry's Nursing Sisterhood of 1841 marks the first streak of dawn. In 1844 Martin Chuzzlewit was published, containing the famous portraits of Sairy Gamp with her "very rusty-black gown, rather the worse for snuff," and Betsy Prig

with her deep voice and tendency to a beard. We all know these characters by name, but every scene in which they appear is worthy of study by the nurse; notably Betsy's day report to Sairy, in which the main items are an inventory of the larder from the angle of the nurse's—not the patient's—nourishment, and the laconic information: "The easy chair ain't soft enough, you'll want his (the patient's) pillar."

This book did much to rouse public opinion, and its dedication to the philanthropic heiress, Miss, afterwards Baroness, Burdett-Coutts, doubtless had influence in directing her benefactions toward nursing institutions.

To the medical staff of Kings' College Hospital credit is due for the initial steps which led in 1849 to the institution of St. John's House, the first of the Anglican Sisterhoods which played a prominent though temporary part in the reform of hospital nursing. Before this audience it is needless to dwell on the foundation of the Nightingale Training School at St. Thomas's Hospital in 1860, but what some perhaps do not realize is that the school was actually started in the old hospital,

for this was not pulled down till 1866, to make room for an extension of the South Eastern Railway. Temporary premises in Surrey Gardens were occupied for a time, and the present building on the Thames, opposite the Houses of Parliament, was opened in 1871, containing—a unique event at that time—specially designed accommodation for a school of nursing.

To the outside world, as we heard this afternoon, Florence Nightingale is the heroine of the Crimea; but do not we, her spiritual children, always think rather of the eagle eyed executive, the hater of shams, the possessor of that far-sighted vision which, despite the passing of the years, still gives to parts of the "notes on nursing" so surprisingly modern an appeal?

Here in the dawn of the new age of nursing we must leave this brief and feeble sketch.

To possess a long tradition is at the same time a warning to avoid all that has been faulty in the past, and an inspiration to strive that whatever may be added shall be worthy of the best that has gone before.

Mental Hygiene and Nursing

By Dr. A. T. MATHERS, Provincial Psychiatrist for Manitoba

In appearing before you today I am very much aware of a sense of gratitude to you. This gratification, I may tell you, arises from two sources: one personal and the other more general. It is pleasing to me personally to be accorded the privilege of a place on the programme of this distinguished Association, but I am much more gratified with the opportunity of placing before you some thoughts on the relationships between your profession and the

mental hygiene movement. The latter is my primary work in life, and in extenuation of my daring in discussing nursing problems, I may plead some fifteen years' experience in assisting in the education of nurses and my daily association with practical nursing in hospital and community.

In my choice of this particular subject, I was influenced by two signs of the times that must, I think, be patent to all of us. These are (1) the growing recognition of the mental element in all diseases, and

(2) the constantly growing emphasis on prevention in all branches of medical and nursing teaching and practice. And as a text for what I have to say I have taken some remarks made a number of years ago by an eminent authority in nursing (Miss Annie Goodrich.)

"The problems in mental training are infinitely more intricate and delicate than those met in any other branch of nursing, and require therefore the highest type of women with the most thorough and all round preparation. Here not less than in other fields, is the preventive work from the standpoint of the community, the greatest need. The public health nurse (and I might add any nurse) is right in feeling that she must have the equipment, if it is obtainable, which will make some of the formidable mental problems encountered by her, challenges to helpful work rather than obstacles that justify surrender as soon as their nature is recognized. With psychiatry definitely entering the field of prevention and attempting to make known the mental mechanisms that control the emotional lives of human beings, the nurse, even to understand the drama of life enacted in the homes that she visits must acquire some of the new knowledge of the deep springs of conduct—she must not be forced to be handicapped in this part of her work because of the lack of some additional training or a slightly different point of view."

It shall be my first duty to place before you as clear and definite an idea as possible of just what Mental Hygiene is. We shall then attempt to establish an objective in the matter of the relationship of your profession to this great subject. Lastly I may have something to say concerning the means and organization necessary to the attainment of this objective.

What then are we to understand by Mental Hygiene? "The ideal of

medicine for many hundreds of years was to cure the ill but with the continuous picture before it of patients who could not be cured and with the accumulation of knowledge of the causes of disease, this has changed so that the ideal of medicine today is not only the care and cure of disease but the prevention of it." (White.)

This is the aim of that particular interest and department of medicine known as hygiene—the promotion and conservation of health. Mental Hygiene, a large and growing division of the general subject may be simply defined as the promotion and conservation of mental health. As generally used it really means the attitude of a community to its actual or potential mental problems. Abbott has well set forth the task of Mental Hygiene when he says that it must consider and promote:

- (1) good mental endowment;
- (2) good development of the mental capacities;
- (3) good use of them and of the conditions and factors favourable to them;
- (4) elucidation of those conditions and factors that hinder or impair the good development and use of the mental powers;
- (5) the ways of preventing or modifying these injurious conditions and factors;
- (6) ways of restoring impaired functions to their original state of efficiency;
- (7) ways of counteracting the effects of impairment;
- (8) the care of those mentally ill or handicapped.

Thoughtful consideration of this list of what we might call the duties of Mental Hygiene will show just how extensive its relationships must be. It has much to learn from and something to contribute to psychology, education, vocational guidance, general medicine and hygiene, psychiatry and social welfare. It does not hesitate to and in fact it must make free use of the accumulated data of all these sciences—but there is, and in the future will be, vastly more given by it in return. It is to

be particularly noted that Mental Hygiene has only a limited relationship with institutions—it must be an all pervading influence, the beneficial activities of which will be extended to and evident in all walks of life and at all ages.

Taking the first point mentioned, viz, "good mental endowment." Here the aim is the insuring of the largest possible number, not of mere individuals but of individuals having mental potentialities which when developed will enable those individuals to make the best possible adjustment to the demands of their environment. Here we must claim a distinct interest in eugenics as offering some promise of controlling in some measure the transmission of desirable qualities from parent to offspring. Conversely we are also interested in and watching closely the development of sterilization as a means of preventing the transmission of undesirable qualities or defects. We are not prepared to go the whole way with the most enthusiastic proponents of sterilization. One believes that the time will come when agreement as to its value and limitations will be reached and it will become a useful measure, always to be utilized, of course, with the greatest care and circumspection. There is, however, a considerable difference between being personally convinced of its usefulness and efficacy and carrying that conviction to the great mass of people to whom life and its propagation are and will long remain a *Right*, to be snatched and thoughtlessly assumed, instead of a privilege to be accepted in humility and with due sense of responsibility. Since the brains of prospective children may be ruined by prenatal disease in the mother or by injuries at birth we must be and are interested in an elevated standard of prenatal care and better obstetrical practice.

No one has a better chance to know that perfectly good mental

endowment may be hindered or turned aside in its development by poor training, bad environment or the infectious diseases of childhood. Here it will be seen that those who have Mental Hygiene at heart must turn their attention to the question of child training, not only in school but at home, to the general improvement of the social level and to all that has to do with the eradication or limitation of infectious disease. It is the constant desire of psychiatrists to trace to its genesis every single case of mental disease or defect. We are not particularly interested in a mere diagnosis: a mere tagging of this or that clinical case, we want to know what factors united to produce the wreck. Not only so that we may eradicate them in this given case but so that we may do all that we can to prevent them from producing other wrecks. In the case of mental breakdown for instance, we know that such breakdown is the result of poor adjustment of the individual to his particular life setting and it is our business to discover the factor or factors that have acted as constant irritations causing smouldering resentment and excitement or frustrations leading to discouragement and despair. Here we find the evil influences of ignorance, misinformation or educational deficiencies, of vice or bad habits, of dissatisfaction or a disrupting lack of interest in the daily task, of unhappy domestic life, and so on. From knowledge of these things and the way they act, we try to discover and establish means of preventing or modifying these injurious conditions.

We are constantly looking for means of treatment, means of restoring impaired function or, if this is impossible, means of utilizing what is left, and last of all we are of course interested in the kindly humane care of the utterly incurable.

From such a hasty view of the broad field of Mental Hygiene you

will see how manifold and multiform our interests are. They reach from intense interest in one occurrence in one individual's life to an equally intense interest in the structure and deficiencies of *Society*. Pierre Janet, the great French psychiatrist, says that the two chief causes of breakdown are (1) too little work, (2) bringing to a common level the ambitions of all classes by philosophic ideas in regard to the equality of men. He says, and with more truth than the ultra democratic would grant to it, that it takes several generations to make a minister out of a janitor's son. The need, he believes, is to make the social struggle less severe, to check the desire to acquire social position too early and to discourage dangerous ambition. It is his belief that failure to do these things and in fact the actual encouraging of them, as is so common, nowadays, is largely responsible for much alcoholism, much drug addiction and much mental breakdown.

This then is the great field of Mental Hygiene. That it should be of interest, of paramount importance to the nurse would seem to need no argument, and yet it does. Now, what arguments may we advance for closer relationships and understanding between Nursing and Mental Hygiene?

It has always seemed to me that there are three good reasons for closer relations and these may be stated as:

- (1) Direct benefit to mentally ill patients and the general organization in mental hospitals.
- (2) Enhancement of the value and knowledge of Mental Hygiene among the people generally.
- (3) Improvement of nursing generally.

Mental illness is a very real thing. There was a time, as we all know, when unfortunate mental patients were looked upon as beings possessed of demons. It corresponded pretty closely in point of time with

the period when men generally were taught to fight a good fight against the devil and all his works, and the devil then was apparently not such a subtle influence as nowadays. His works were seemingly more in evidence and the poor mental patients, victims of demoniacal possession as it was believed, received pretty drastic treatment in the way of exorcism. Then there followed a remarkable revolution of feeling: mental patients became objects of reverence, creatures who while "they walked on earth held their conversation in Heaven," their incoherent babbling being regarded as revelations from the Deity himself if they could but be understood. Through a succeeding period of fatalism and helplessness, when institutions called asylums were built to house and protect these much misunderstood and much mistreated people, we have seen in our own time the development of a rational view of the whole subject of mental disorder and the ways and means of dealing with it. Now we no longer think nor speak of demoniacal possession, lunacy or asylums, but of actual disease and hospitals.

The presence of disease is or should be a challenge to your profession and mine, and so it has proved. We are no longer interested in mere housing and feeding these unfortunates, nor will mere diagnosis satisfy us. Nothing will do now but determined effort to establish the basic causes of mental disease, to trace its genesis and to exert ourselves to the utmost to nullify or circumvent the pernicious factors that have produced the disease. The constant tendency is to steadily transform mental hospitals into centres for active treatment, and in this transformation nothing has done nor will do so much as improvement in the standards of nursing care.

In mental hospitals there are more sick people than in all the other

hospitals put together. Do they not need kindly, helpful care from both you and me? And if they need care can we not give them something better than they have had? True, some will not benefit, but large numbers of those physically ill do not benefit greatly by our well intentioned efforts. Many will benefit. There are many many cases where painstaking effort is well repaid. Physicians cannot do all there is to be done: perhaps the greater opportunity for usefulness lies with the nurse. Furthermore, many mental patients we find can very well be cared for at home or in general hospitals; but this is possible only when there is a supply of interested and competent nurses available.

I think we may safely assume that the right of mental patients to adequate nursing care will be a cause for deep thinking and perhaps altered point of view in the nursing profession. In addition to actual nursing, there are positions in occupational therapy and psychiatric social work for nurses who have had sufficient preparation. Nurses in the field of social hygiene and industry greatly need the mental hygiene outlook, in order that they may appreciate and attempt to remedy imperfect or abnormal adaptations to life and work. And in the nurse's general work, knowledge and interest in the fundamentals of psychiatry cannot help but be of assistance. The typhoid or puerperal case with delirium, the advanced nephritic with his mental complications, the cardiac case with his depression or confusion, the goitre case with her restlessness and swiftly changing moods—all these are supposedly general nursing problems, but they are not essentially different from frank mental cases. Should not the nurse who is prepared and willing to assume the care of such cases know something of the cause and meaning of these complications? Will it not directly benefit the pa-

tient and heighten the nurse's satisfaction and usefulness, to have the understanding that must result in patience, resourcefulness and dignified competence?

But perhaps the greatest opportunity comes to the nurse doing public health work. A large part of her work is in and about the schools. Here is the strategic point for the detection of mental defect or the early manifestations of character abnormality that later blossom into psychoses. Childhood is the golden period for Mental Hygiene but too often the school nurse, running down tonsils, adenoids, carious teeth, weight curves, scabies and contagious diseases, remains quite oblivious to the early phenomena of nerves or mental disease.

With the public health nurse, good work is the passport to the homes in her community, and her opportunities there are manifold for "the word that sticks is the word that follows work." Her first chance comes in the prenatal period when much that she can do will eliminate anxiety and worry that interfere with the mother's health and that of her developing child. In infancy the foundations of valuable habit formations both in matters of bodily function and relationships with the surrounding environment afford chances for splendid preventive work.

Think of all the points in child life and development where unremitting, tactful and sympathetic guidance for both parent and child is necessary. Who can supply it as well as the nurse who has both knowledge and the confidence of the family?

All of this applies almost equally well to the private duty nurse who as she goes about to the homes of the people can do great work as a missionary, tactfully giving suggestions here, answering plainly pertinent questions there. The public were never as interested in mental health, and especially child guidance, as

now. Who but the properly equipped nurse, has such an opportunity to keep alive and even to stimulate this interest?

Nurses are human beings; their personal attitudes and problems by and large are much the same attitudes and problems that appear in the lives of most people. A very fair number of them have had difficulties in establishing "normal reactions to natural instincts and impulses, in training themselves to control activities and impulses and in concentration on the thing at hand, in developing an active attitude in the face of difficulties, in developing normal social relations and a normal sense of independence." These deficiencies in early training mean lions in the path later in life. A knowledge of psychology and behaviour mechanism will undoubtedly help her. She may in this way gain an insight into and be in a position to control in herself such problems as "unfounded suspicions and anxieties, ill balanced enthusiasms, sudden mood changes without adequate reason, uncalled for feelings of being at a disadvantage, feelings of inferiority, morbid indecision, tendencies to too ready despair, peculiar warped mental attitudes, lack of desire for natural social intercourse." She may in this way learn to make rapid mental adjustments, to think clearly, be firm in decisions and act quickly and to keep her emotions under firm control.

But the advantage does not alone lie in increased resourcefulness, patience and tact, nor in clear recognition and ability to deal with her own personal problems. She will have a more intelligent outlook on the general and special problems of her life and work but she will also be a better and more useful citizen of the world in that she will clearly see that body is not everything, that mind, the thing that controls the body in all its reactions either in health or disease, is of equal or

greater importance. She will see that the sum total of the world's sorrow and distress and inadequacy is largely contributed to by mental maladjustments and deficiencies and is a social problem of staggering magnitude. And being a good citizen she will contribute what she can to its alleviation.

Having heard all this, the pragmatic question of why nurses shun the field of Mental Hygiene no doubt occurs to you. In the October, 1922, number of *The Modern Hospital*, Miss Bailey sets forth the reasons as she sees them and one feels that she leaves little to be said. She states that the first reason has been that in mental work the medical care and treatment has lagged and not kept up with the progress made in other branches of medicine. This is partly true. In mental institutions, state controlled, the bane of political influence has too often militated against anything approaching medical efficiency. The political doctor is seldom an up to date physician; but in all parts of the world this business of making mental hospitals political footballs is dying out: not without a struggle but none the less surely. Then, too, the difficulties of advancement in psychiatric theory and practice are greater than in other types of medicine. Even with this the strides made in the past ten years are remarkable. So that the first of Miss Bailey's reasons may be considered to be in a fair way to elimination.

She further objects that nursing in mental hospitals has too often been police duty plus the work of a good domestic, that such instruction as is given is too strongly coloured by the needs of the administration, that the educational standards are low, working hours long, living conditions bad, that there is lack of opportunity to know and understand patients' problems. Here again every one of these difficulties, existent truly enough in the past,

are surely being overcome but with, one regrets to say, little or no assistance from the organized nursing profession: sometimes we must say, in the face of definite opposition. Why should there be this opposition or this apathy to such a large, important and growing division of nursing? What has been the general effect of a resolution passed by the American Nurses' Association sixteen years ago, to the effect that "a more definite interest should be stimulated in this branch of nursing?"

If one were asked for a solution of the problem one would at once answer: close affiliation between general hospital and mental hospital schools of nursing. It is my belief that every nurse should have some psychiatric training and in urging it I hope I shall not be relegated to the side lines as a special pleader. I believe that no possible harm can come from such a requirement but that much good will accrue to the nurses, the patients, be they mental or otherwise, and to the general public. I believe also that the time is not far away when the same public will expect it. Where can such training be obtained? In mental hospitals where there is a vast variety and amount of clinical material, on the whole better classified

and better worked up clinically than in most general hospitals.

How can it be brought about? Only by the education of training school authorities, society, even the medical profession itself. I think that the nursing profession would find most if not all mental hospital authorities willing and anxious to co-operate. Surely from such co-operation it could be arranged that all nurses would have a grounding in the anatomy and physiology of the nervous system, psychology and the principles of normal behaviour, psychiatry and psychiatric nursing with its broad viewing of the whole sick individual (not just an artificially stimulated interest in one part of his physical body), and some insight into the theory and practice of psychiatric social service and occupational therapy. The question should not be: what is the minimum time that can be given to this? but rather what is the maximum that can be given without of course seriously cramping other fields?

I have said enough, perhaps too much. But a few words more. I know as you too must know that one thing that never fails to bring satisfaction is service rendered. In the field of Mental Hygiene there are opportunities for service: opportunities to add what we can to, not to get what we can from, life.

Public Support of Nursing Services

By MABEL FINCH, Secretary, United Farm Women of Manitoba

We are erecting today in Canada a Temple of Happy Homes. Each citizen is a builder, designing and carefully chiselling the stone which he shall fit into place at eventide.

The foundation of this temple is the foundation of all satisfying life. It is Health. "Health preservation rather than cure" has been carved in every stone of the base laid by our public health nurses.

Bed Rock

They did not find this structure on shifting sands. Down to bed rock they sank their shafts and started to work with the mothers. Full well they realized that trained mothers would mean more happy firesides watched over by the sheltering care of both parents: fewer little mounds on the hillside to mark the mistakes of ignorance. To them they there-

fore came with their skill and scientific knowledge, interpreting their message in terms of the home, in order that struggling humanity might have life and have it more abundantly.

It is in this sphere that the United Farm Women of Manitoba and many other rural women's organizations have found the public health nurses one of their greatest blessings. Willingly they have responded to invitations to address meetings, and these small groups of women have learned the sacredness of their task of bringing life into the world; the possibilities within their reach of alleviating suffering; the opportunity of preserving the life of their babes by proper care of their bodies, selecting the most nourishing foods, and securing early, competent medical advice.

In rural districts the prospective mother is often hesitant about seeking consultation with trained workers, but the personal chat with the nurse after the meeting or in the home soon wins her confidence. She wants to do what is best for herself and child, but does not know how. She is skilled in music, needlework and cooking and knows the ethics of business, but from early childhood she has been taught to believe the myth, "Women are born mothers": hence has not sought education in this field. As a result she finds herself enveloped in darkness, anxiety and worry. Then, with the nurse's sympathetic understanding and unfolding of words of wisdom, her chrysalis breaks and she becomes a new woman, a woman who is anxious to grasp and master every fact that will make her a capable and intelligent mother, competent to look after the little life entrusted to her care.

Closely associated with the nurse's personal visits are the Mothers' Books and Pre-Natal Letters. To those in outlying districts without the service of a doctor or a nurse, these monthly letters are the mother's only ray of hope and sunshine. A mother recently expressed

her appreciation in these words, "One could not read them without wanting a baby of one's own." Thousands of pre-natal letters find their way every year into all parts of Manitoba through women's organizations and other agencies, yet many more would be sought and much health literature asked for if the service were still more widely known. Is it any wonder, then, that from those who have learned its value we find the request coming that the Nurses' Department establish a service through rural papers and magazines, so that there will appear regularly stories popularizing health, even as home economics is today made attractive in the press.

Women are gradually awaking to the fact that they have a vital part to play in the preservation of health; that a large measure of the responsibility is theirs for four maternal deaths per day in Canada, and as a result, fourteen little children left motherless daily. They are therefore using the knowledge acquired through the public health nurses' lectures and literature, not only for self-enlightenment, but to educate school boards and convert members of municipal councils to the support of a sound economic programme, which will save the lives of thousands of infants by providing child welfare clinics and nursing services for all.

Foundation of Temple

When the baby appears a new bond unites the mother and the nurse through the loving care bestowed on her infant. One often hears it said: "Give me the first six years of a child's life and you may have the rest." Possibly nowhere can this be claimed to be of greater value than in the child welfare work carried on by our public health nurses. The preservation of the health of the pre-school child forms the foundation of our temple. Mothers are only beginning to learn the value of the nurse's help during this period.

They are only beginning to realize that as the general health standard in the home is raised the more impossible is it for fatal diseases to make their entrance. To enable the child to escape contagious diseases to which his age is susceptible, to establish health habits, to see that he follows a diet suitable for a growing child, to detect symptoms of disease and see that he receives proper medical attention, all this is embodied in the service rendered by the public health nurse.

Though this is carried on during visits to the home, the most popular form is through child health conferences. Nothing arouses more interest in a community. Telephones become busy consulting as to preparations for the conference; children gather in groups at the school and church, counting the babies in the district that they think are one hundred per cent.; committees work diligently that no family in the community will be overlooked; and in the home itself the chief topic of conversation is the baby and the child beneath school age.

How gay the community hall looks on Health Conference day! The public health nurse has made it a veritable fairyland with her health nursery-rhymes and posters. School children are busily engaged in reading them, while mothers are examining the model layette, the proper equipment for the new arrival, first-aid supplies for the home, and all that goes to make up the splendid educational exhibit for the public.

Devoutly thankful are those parents whose children are one hundred per cent. Even more thankful are those who find disease detected before their child is maimed for life. At a recent conference the nurse noticed, in measuring a little one's limb, that one leg was smaller than the other. The slight difference had not been observed by the parents but was sufficient to receive the consultation of the child specialists who

were present. The diagnosis proved to be tuberculosis. Proper treatment was prescribed. In time the limb was restored to normal. Instead of a crippled man, those parents realize that the future holds for their child the best life has to offer. Needless to say, they are firm supporters of the public health nurse and child health conferences.

It is good for a community to so organize. It teaches unity, co-operation and the pooling of their resources in a determined effort to preserve child life and lower our high rate of infant mortality. Each year interest is spreading. Fathers may now be seen waiting outside the conference hall to see how their children are measuring up. We hope in the future to see such conferences organized so that fathers as well as mothers may be present while their children are being examined. Through the eye one learns to appreciate much more keenly than through the ear alone, and in this way the co-operation of the father will be secured and through him, the support of other men who will shortly have to mark the ballot for or against that municipality supporting the services of a public health nurse.

At best, however, health conferences provide an opportunity for only temporary educational work. To be permanent and to meet emergencies as they arise, there must be a follow-up programme. Child Welfare Stations are the solution of this problem. There the mother may bring her delicate child to be weighed and measured regularly and be advised regarding its diet. Whenever these stations are established they have become the mothers' consulting-room and the centre where many of the young girls love to meet to spend a few hours caring for the babies. The terrible anxiety that before rested on the parents' shoulders when the little one took sick, now is invariably dispelled through the nurse's health instruction. Mani-

toba looks forward to the time when child welfare stations shall be within driving distance of every home, as one of the first steps in the saving of infant life.

Walls

With physically fit children of preschool age to form the foundation, it is not such a task to erect the walls of our temple of happy homes. In this task we find parents and teachers busily chiselling under the direction of the trained builders, the nurses. Children have now arrived at the school-age period and parents soon learn that the problem of the community is the problem of every home. One child takes diphtheria, soon there is an epidemic. Must they resort to the old method of closing the school, retarding education, losing economically, and not knowing how far-reaching the epidemic will be or when it will cease? No, with a public health nurse they attack the problem scientifically. Her training enables her to quickly detect disease in its early stages and she reports to the public health officer. The child receives medical care before his life is in danger. Each day school is kept open so that a tab can be kept on every child. Daily they are examined and swabs taken. In a relatively short period the epidemic is checked and time from school is lost only by those who have become patients. There is such great appreciation of the service of the nurses in this field that municipalities which have abandoned them for economic reasons have found they have lost many more times the cost of the support of the nurse, in the cost of epidemics, and have been glad to call for their help again.

It is in her work in the school that the public health nurse in Manitoba is best known. Each year thousands of school children are inspected and thousands found with defects, many of which would otherwise never come to light until they had left

their life impress. The value of follow-up work with these cases is too great to estimate. Democracy is gradually coming into its own and demanding that every child be given a fair start in life, with good health as the foundation.

Children love to co-operate, too, in the building of this health wall. To be a member of a Health Crusade is most appealing; to receive a diploma in a Little Mothers' League gladdens the heart of any teen-age girl. A capable mother who raised successfully ten beautiful children, most of them themselves now mothers, said: "When I watch the children trained in the Little Mothers' Leagues handling babies, I am ashamed of the foolish things I did with mine." We are gradually learning that motherhood requires trained workers.

Gates

As the builders toil steadily on, sculpturing and fitting into place their stones, we see that the gates of the temple stand open wide. These are the Gates of Service. All who are building may enter in and pass freely to and fro for they are contributing to the happiness of mankind. Let us pause a moment and watch those we see in the passage-way. There are mothers greeting the nurses who have made it possible for their children to grow up strong through the surgical care received at the tonsil and adenoid clinics. There is a family expressing appreciation to the nurse for the clothing that enabled their children to attend school in the winter. There is a father leading by his hand a chubby, robust son, thanking the nurse who persuaded him to take his child to the chest clinic. His was a contact case and the care he received prevented him from following his mother to the sanatorium. There are bright, vivacious children clinging to the nurse's hand. Once they were under-nourished, lifeless, little ones, but through her health

instruction they had the gift of life restored.

We cannot refuse this gift to anyone, least of all to the children; yet today we are only touching the fringe of what lies within our reach. As we look around us on every hand we see numbers suffering through sickness, numbers whose anxiety and pain might be removed through proper health attention. Twenty thousand daily in Manitoba are unable to act as builders on our health wall, because sickness has claimed them. Mothers yet are left to struggle alone through the darkness of child-birth because no doctor or nurse is within calling distance. We need missionaries; women who realize the suffering and will not rest until adequate nursing and medical facilities are provided for all. May we not solicit for this campaign from our department of health, moving pictures that will tell the story of both health and disease? Many will learn through the eye who will not hear through the ear. Rural districts which are the hardest to reach on account of scattered settlement, will respond to a "movie" in the winter months, and obstacles that have long hindered the progress of health service will be overcome.

A few districts have caught the real spirit of democracy and are providing health facilities for all. Some of these have municipal doctors; others have public service nurses, nurses who do bedside nursing as well as the work of the regular public health nurse, but who serve a smaller area. No one can count their value in the saving of suffering and loss of life, but the poverty-stricken homes which before had no health assistance, today bless the sight of the smiling figure in white.

Architecture

We will have many more such districts when once the people understand. Understanding creates sympathy and sympathy begets vision.

If we would build a beautiful and stately temple symbolic of happy homes, we must have vision. Too long we have taken the work of the public health nurse for granted, expecting her to restore health while we sat by and waited. Is it not time that we went to her as a unit, saying: "We represent many organizations but only one community. 'We believe that babies everywhere should be as well and kindly tended as we would have our own; that motherhood should be protected as we would have the mothers who are dearest to us; that childhood should be as joyous and free to come to its own as ours should be if we had our wish,' and we are here to support you by every means within our power in the promotion of your health programme." Such a citizens' committee in every community would do much to forward the cause of health.

As the builders work on the temple a radiant light streams through the window, caressing the brow of each with its hallowed glow. The tiny panes of coloured glass through which it streams, symbolize the courage, faith and devotion of those who have gone before, the pioneers of the nursing service. The light is the spirit of the present builders, radiant with the steadfast faith of the pioneers, cheering each other as they chisel, day by day. At night, as the stars come out silently, one by one, in the azure sky, the hands of the workers cease from labour and a quiet peace enters their souls. To them has come the message from their great co-worker, the Master Builder, who speaks as they rest on the old gray wall:

"Did the hand of the builder guess,
As he laid me stone by stone,
A heart in the granite lurked
Patient and fond as his own.

"Ah, when will ye understand,
Mortals who strive and plod,
Who rests on this old gray wall
Lays a hand on the shoulder of God."

Book Reviews

Four Centuries of Medical History in Canada: By John J. Heagerty, M.D., D.P.H., Department of Health, Canada, with a preface by A. G. Doughty, C.M.G., F.R.S.C., Dominion Archivist. In two volumes boxed, Toronto. The MacMillan Company of Canada Limited, at St. Martin's House, 1928, \$12.00.

All good Canadians, and not merely those associated with the medical and nursing professions, owe a debt of gratitude to Dr. Heagerty for this fascinating work. In our early years Canadian history seemed only a dry record of the comings and goings of various governors and of struggles over constitutional changes. The work under review is filled with human interest; the sufferings of the early explorers from scurvy, the ravages of small-pox among the Indians, the devoted and heroic labour of the nursing sisters in the first hospitals on this continent, the tragic fate of thousands of Irish emigrants who perished of ship's fever at Grosse Isle, the records of pioneer physicians who in many instances played a large part in public affairs, the humble origins of what are now vast and splendidly equipped hospitals, all these and more go to make up these two volumes. While the subject is that of medical history the scope of the work is national in character.

Much of the appeal to the general reader lies in the fact that the author allows contemporaries to tell their stories for themselves. The archives at Ottawa, so rich in number and presided over by a prince of archivists, have been thoroughly explored and Jacques Cartier, the Jesuit Fathers, Soeur Francoise Juchereau, the historian of the Hôtel-Dieu of Quebec, as well as many others tell their tales in their own words.

History is viewed by Dr. Heagerty not as a struggle between principalities and powers or between contending statesmen, but as the fight of human beings against disease, ignorance, and the forces of nature. This book is the story of the efforts of communities to protect themselves against the ravages of disease and to learn from the mistakes of the past.

Part 1 deals with epidemics of disease which have profoundly affected the history of this country; part 2 with pioneer physicians, part 3 with medical and surgical progress, medical journals and societies, part 4 with public health, part 5 with medical schools, and part 6 with hospitalization. The appendix contains a sketch of the history of medicine in Newfoundland, an excellent bibliography and an index. The frontispiece is a reproduction of the flyleaf of Dr.

Jenner's book on vaccination presented by him to the Chief of the Five Nations, and there are many illustrations, among them those of Jeanne Mance, the foundress of the Hôtel-Dieu de Montréal, the Duchesse d'Aiguillon, niece of Cardinal Richelieu, benefactress of the Hôtel-Dieu de Quebec, and the arrival of the Ursulines and Sisters of the Hôtel-Dieu at Quebec, 1639.

Perhaps the most thrilling chapter in the work is that dealing with the first arrival of nurses in Canada; three sisters of the order of Les Religieuses Hospitalières de la Miséricorde de Jésus, the eldest of whom was 29 and the youngest 22. Quebec turned out en masse to greet them, but no sooner had they begun work than they were almost overwhelmed with the magnitude of their task. All diseases were indiscriminately admitted to the hospital and scurvy, typhus, and non-infectious diseases were apparently treated side by side. Little was known of preventive methods, and no precautions that we know of, apart from a meticulous regard for cleanliness, were taken to prevent the spread of infection. To join the order of nursing sisters in those days meant death; yet their ranks were always filled. How would those forerunners of the modern trained nurse have rejoiced could they have realized that their heroic devotion to duty in their crowded little wards would make possible the great hospitals with their wealth of scientific equipment and great training schools of today!

These volumes of Dr. Heagerty offer fascinating reading to the medical student and practitioner, to the nurse, to the social worker, to the student of history, and indeed to every good Canadian citizen who will rise from a perusal of their pages with a greater realization of the influence of disease upon history, and a feeling of profound gratitude to the unsung heroes and heroines of the medical and nursing professions who were not afraid of the pestilence that walketh in darkness nor for the destruction that wasteth at noonday.

ROSS MITCHELL, M.D.

Makers of Nursing History, recently published by the Lakeside Publishing Company of New York and edited by Miss Meta Rutter Pennock, contains biographical sketches of nurses who have been responsible for the development and progress of nursing from late in the sixteenth century to the present day. This brief history should prove a valuable contribution to all libraries for nurses.

News Notes

During and following the recent Biennial Meeting, Canadian Nurses Association, many nurses visited the National Office for the first time since headquarters was established by the Association. Later in July Miss Annie M. Goodrich, Dean, Yale University School of Nursing, and Miss Mary M. Roberts, Editor, *The American Journal of Nursing*, spent a day in Winnipeg when en route to the Pacific Coast. Previous to a visit to National Office Miss Goodrich and Miss Roberts were entertained at luncheon by a representative gathering of local nurses. Miss Mabel F. Gray, assistant professor of nursing, University of British Columbia; Miss Maude Retallack, secretary and registrar, New Brunswick Registered Nurses Association and Miss Nan McMann, recently appointed Western Supervisor of the Victorian Order of Nurses for Canada, were guests at the luncheon.

ALBERTA

CALGARY G.N.A.: Misses J. Hennessy and M. Popson, have left for Portland, Ore., where they will engage in private duty nursing.

Miss Urierts (Holy Cross Hospital, 1927), has accepted a position at the Red Cross Hospital, Consort.

Miss Jackson (Holy Cross Hospital, 1927), is on the office staff of Drs. McEachern and Merritt.

Miss Dalton is enjoying a vacation in Alaska, Vancouver and Seattle.

The association held a picnic on July 4th at Bowness. Owing to the unsettled weather attendance was small, but a very pleasant time was spent.

The annual joint convention of the Alberta Association of Registered Nurses, Alberta Public Health Officers Association, and Alberta Hospitals Association, was held on June 25th and 26th in the Memorial Hall, Calgary. There was a large attendance, and much important business was transacted. On Monday, June 25th, a luncheon was given at the Palliser Hotel to over 70 members of the three associations. The speakers included Dr. Whitelaw, M.H.C., Edmonton; Dr. Baker, of Keith Sanitarium, Miss Macdonald, retiring president of the A.A.R.N. and Miss Eleanor McPhedran, newly elected president of the A.A.R.N.

Miss Agnes Kelly is enjoying a vacation in Prince Albert, Sask.

BRITISH COLUMBIA

RESULTS OF EXAMINATION FOR CERTIFICATE OF REGISTERED NURSE: The following nurses obtained certificates and the title of Registered Nurse at recent examinations held in various centres in British Columbia. Names are placed in order of standing.

Misses K. Deakin, Vancouver General Hospital; E. Ellis, Vernon Jubilee Hospital, Vernon; E. McNaughton, Royal Inland Hospital, Kamloops; E. Graham, Kootenay Lake General Hospital, Nelson; L. Christian, G. Carey, C. Spence, M. Collins, E. Paulson.

70-80%—M. Ashley and Mrs. D. Evans equal; M. Osborne, E. C. Johnson, L. Coburn, (E. C. Higgs, A. Nelson equal); M. Bradley, (A. Binnie, E. Cunliffe equal); M. Cluness, (A. Payne, M. Wallace equal); F. McDonald, (A. Aylwin, B. Chell, S. Kearney equal); B. Anderson, H. Butterfield, (D. Anderson, K. M. Gordon, R. Lister equal); D. Workman, (W. E. Kerr, B. Whitelaw equal); (C. Dilworth, R. Rothwell equal); I. Calvert, J. M. Green, J. K. Kirby, Sister Celina, D. Wittmaye equal; V. Hopson, M. E. Smith equal; E. Edgar, W. A. Grigg equal; J. Davis.

60-70%—K. James, H. Miller equal; G. Rowse, I. Thompson equal; M. Bellis (E. Kinney, D. E. Miller equal); V. Miller, (M. Cormack, M. Lidstone equal); E. Glanville, Mary E. Swanson, (G. Arkell, I. M. Cowie, A. Jordan equal); I. Shaw, O. Morrison, (M. Dibb, Mrs. F. Hawksworth, M. McComb, E. M. Fox equal); (Margaret E. Swanson, J. Wilson equal); R. Kittson, C. Smythe.

50-60%—Frances M. Swanson, C. M. Cornwall, I. Ehlers.

Passed Supplements—R. E. Johnston, K. I. Kipp.

Passed with Supplements to write—H. Blackburn, W. Cloke, P. Edwards, D. Forde, C. Hardie, B. Leonard, J. Lockie, M. Maggs, F. Matthews, L. Morrison, F. Ruttan.

VANCOUVER: The graduating exercises of the Vancouver General Hospital School for Nurses were held on June 1st at the Arena Auditorium. The platform was beautifully decorated with irises, yellow and blue, and the addresses were given by: The Hon. T. D. Pattullo, Provincial Secretary; His Worship Mayor Taylor; Dr. R. E. McKechnie, Chancellor, University of British Columbia.

The Class of 1928 comprised 69 graduates, and diplomas and medals were presented by Mr. George A. Walkem, Chairman, Board of Directors, and Miss K. W. Ellis, superintendent of nurses.

Prizes were awarded as follows: The R. E. McKechnie Medal for General Proficiency, Miss B. I. Thompson; the Glen Campbell Prize for Nursing in Diseases of the Ear, B. I. Thompson (by reversion to Bernice E. Anderson); the Allison Cumming Medal for highest standing in Medical Nursing, B. E. Anderson; the Carder Prize for General Proficiency in Pediatric Nursing, I. W. Shaw; the Seldon Medal for highest standing in Surgical Nursing, M. G. Lusk; a Memorial Scholarship awarded for highest proficiency in Gynecological and Obstetrical Nursing, G. G. Davis; the Geo. H. Cottrell Prize for the highest proficiency in the Practice and

Theory of Dietetics, B. I. Thompson; the W. A. Dobson Prize for highest standing in Mental Hygiene Nursing, Della M. Sinclair; prize for the highest standing in Practical Nursing (donated by Johnson & Johnson), I. W. Shaw (by reversion to Gwendolyn O. Rothwell).

The following graduated from the Vancouver General Hospital on completion of University Course for B.Sc. (in Nursing): Misses M. E. Harvey, M. G. J. Johnston, F. MacKenzie, V. M. Swencinsky, A. T. Yates.

The Valedictory was given by Miss Eva M. Irwin, after which the nurses and their friends attended a reception given in their honour. The week previous to graduation the class was royally entertained by the board of directors and the Alumnae Association.

BURNABY: Miss V. Swencinsky (University of British Columbia) has been appointed to the staff of the V.O.N.

MANITOBA

GENERAL HOSPITAL, WINNIPEG: Miss Carrie McLachlan (1908), superintendent of the United Church Home for Girls, East Kildonan, died on June 19th, 1928, at the Winnipeg General Hospital. Burial took place at Shoal Lake, Man.

Miss Irene Harris (1919), on furlough from China is visiting in the city and expects to return to China in September.

Miss Gertrude Johnson (1919), has resigned from the staff of the W.G.H.

Former graduates of the W.G.H. attending the recent general meeting of the C.N.A. were: Misses M. F. Gray, A. M. Forrest and M. Montgomery (1907); K. Cotter (1906); Jean Houston (1915); Jean Duncan (1927); Lillian Lynch and Ruth McLelland (1914); R. M. Simpson, Gladys McDonald, E. G. Craig (1917); Mrs. W. Clayton (Campbell) and Mrs. Wm. McKenzie (Connor) (1914).

Mrs. Bruce Hill (1901) opened her beautiful new home at St. Charles for a tea on July 10th in honour of some of the visiting delegates.

Recent visitors to Winnipeg have been: Miss Margaret McGill (1913); Mrs. Stevenson (Belmont, 1916); and Miss K. E. Gray (1916), supt. of nurses, Colonial Hospital, Rochester, Minn.

Miss Winnifred Stevenson (1927) is on the Social Service Staff, W.G.H.

Miss Vida Paget (1927) has returned from Henry Street Settlement on account of ill health.

Misses Emily Parker (1913) and I. McDiarmid (1921), left early in July for a holiday abroad.

NEW BRUNSWICK

ST. STEPHEN: The annual meeting of the New Brunswick Registered Nurses Association met here on June 19th and 20th. A large number of delegates were present and Miss A. J. MacMaster, the president, presided.

Miss Maude Retallick gave a very excellent report as secretary-treasurer, showing the finances of the Association to be in a very satisfactory condition. Miss Retallick also reported as registrar and secretary of the

Board of Examiners. Reports from local chapters were read by various representatives; Miss Murdoch and Miss Kay gave reports on the Nursing Education Section, and Private Duty Section respectively, and Miss Ella Cambridge on "The Canadian Nurse".

Following an interesting discussion on the necessity for the higher education of young women entering the nursing profession, a resolution was passed to the effect that at least one year in High School would be required. A meeting of superintendents of training schools in the province was held and many problems discussed. Dr. W. E. Gray gave an address on Gall Bladder Conditions. Dr. H. I. Taylor, minister of health, was the speaker at the dinner given in honour of the delegates and members of the Association. Miss Jean Browne's very interesting address at the morning session was followed by a round table discussion of the problems of hospitals, and Miss H. S. Dykeman, convener of the Public Health Section of the Association, read a paper. At noon the delegates were entertained by the local chapter at a luncheon. At the afternoon session officers were elected, the report of the resolutions committee received, and votes of thanks passed to all those who had contributed towards making the meeting so successful. The very cordial invitation to hold the next annual meeting in St. John was unanimously accepted.

HOTEL DIEU HOSPITAL, CAMPBELLTON: Sister Kerr, superintendent of nurses, and Sister Audet, anesthetist, attended the Maritime Conference of the Catholic Hospital Association, of which the latter is president. Later Sister Kerr attended the Graduate Nurses' Course at Dalhousie University, Halifax.

MONCTON: At a special meeting of the Registered Nurses Association held last September it was decided to pledge \$500 towards the Hospital Building Company. In order to raise this money a bridge was given in October and a dance on November 11th. On February 14th a tea and musicalale was held; on April 26th another successful dance was given; and on May 19th a rummage sale was organized. At the June meeting of the Association it was decided to make a linen chest, the drawing for which is to take place at a dance to be given on October 31st, 1928. It is hoped the proceeds will complete the amount pledged.

The graduation exercises of the class of 1928 were held on the evening of May 12th. After the exercises the graduating class, the doctors and their wives, and friends were entertained by the Registered Nurses Association at a supper and dance in the Oddfellows Hall.

NOVA SCOTIA

The annual meeting of the Registered Nurses Association of Nova Scotia was held at Yarmouth June 5th, 1928. The following officers were elected: Miss C. M. Graham, President; Miss M. A. Watson, First Vice-President; Miss Edith Fenton, Second Vice-

President; Miss Agnes Cox, Third Vice-President, and Miss L. F. Fraser, Treasurer and Corresponding Secretary

Most important among the items discussed was the matter of standardization and inspection of training schools for nurses. Some time was spent in a study of the preparations for the meeting of the International Council of Nurses, to be held in Montreal in the summer of 1929. Miss M. A. Watson was appointed delegate to the general meeting of the Canadian Nurses Association, 1928, but was unable to accept, owing to her many duties. Miss Claudia M. Fleming, superintendent of the Nova Scotia Hospital, Dartmouth, was appointed in her stead.

The Refresher Course for Nurses held at the Dalhousie Public Health Clinic, June 25th-29th, 1928, under the auspices of Dalhousie University, the R.N.A. of Nova Scotia, and the Halifax hospitals, opened with a registered attendance of 95 nurses, representing graduates from hospital training schools in six different provinces, many of the eastern states of the U.S., Ireland and England, and practically every branch of nursing. Among the nurses giving lectures, etc., may be mentioned Miss Mary Beard (advisor in nursing of the Rockefeller Foundation); Miss Claudia M. Fleming, Miss Hilda M. MacDonald, Sister M. Rita, Miss Lenta Hall, Miss Gladys E. Strum, Miss Mary F. Campbell and Miss Margaret MacKenzie. Outstanding doctors, many of them members of the medical faculty of Dalhousie University, gave lectures on a number of intensely interesting subjects. Miss Eileen Boland (posture technician, Dalhousie Public Health Clinic), gave a demonstration of massage and special exercises; Miss Margaret Lowe (Pathological Institute), Kahn Test.

The following Nova Scotia nurses received diplomas at the graduating exercises on June 6th, 1928, at the Montreal General Hospital: Misses D. R. Coffin, M. D. Heisler, F. E. M. Smith, A. C. Grant, M. J. Hervey, S. A. Hicks, A. P. Johnson, K. A. Turner.

The many friends of Miss Griffith (Victoria General Hospital, 1928) will be glad to learn that she is recovering from her serious illness at the home of her parents at Dartmouth.

Miss Ethel Barkhouse is spending the summer at her home in Chester. Miss Jean MacDonald, of the Nova Scotia Hospital, is spending her vacation at her home in Eastern Passage. Miss Annie Desmond is with her parents at Parrsboro, and Miss Kathleen MacGillivray is visiting her parents at Antigonish.

DARTMOUTH: Miss Katherine Beattie (Victoria Hospital, London) has been appointed to the position left vacant by the resignation of Miss Gladys Way, in the V.O.N.

LUNENBURG: Miss Mary McCuaig (Toronto General Hospital) is opening the new V.O.N. district of Lunenburg.

ONTARIO

Paid up subscriptions to "The Canadian Nurse" for Ontario in July, 1928, were 1,166, 47 more than previous month.

APPOINTMENTS

Miss Eileen Graham (Ottawa Civic Hospital, 1926), night supervisor at Victoria Hospital, Renfrew.

Misses Lolita Best and Vivian Hill (Montreal General Hospital, 1927), and C. Clarke (Western Division, M.G.H., 1926), floor duty, Strathcona Hospital, Ottawa.

Miss Gladys MacDougall to the staff of the V.O.N. in Border Cities.

Miss Laura Webb to the staff of the V.O.N. in Belleville.

Miss Marguerite Pauze (Notre Dame Hospital, Montreal) to the staff of the V.O.N., Cornwall.

Miss E. Raillton (Victoria Hospital, Winnipeg) to the staff of the V.O.N., Renfrew.

Miss Louise Grover (Toronto General Hospital), V.O.N. staff, transferred from Renfrew to Toronto.

Miss Florence Kuntz (St. Michael's Hospital, Toronto, 1926), has been appointed night supervisor in the Obstetrical Department, St. Michael's Hospital.

Miss Christine Fraser, who completed the Public Health Course at the University of Toronto this year, has been appointed to the staff of the Department of Public Health, Toronto.

Miss Margaret Orr (Toronto General Hospital, 1914), assistant superintendent, Shriners' Hospital, Montreal.

Miss Nettie Fidler (Toronto General Hospital, 1919), teaching staff, Toronto General Hospital.

DISTRICT 1

FORT WILLIAM: Miss Barbara Bell, assistant superintendent, McKellar General Hospital, has left for New York, where she will take the summer course for Instructors of Nurses at Teachers' College, Columbia University.

DISTRICT 2

GENERAL HOSPITAL, BRANTFORD: The sixteen graduates of the 1928 Class will carry life-long memories of a very successful graduation ceremony held on May 14th. The Board of Trustees, the Women's Hospital Aid, the Junior Hospital Aid, the Medical Staff and the Alumnae united with the staff to make this function a success. The Rev. Archdeacon Cody, of Toronto, and Mr. A. M. Overholt, principal of the Brantford Collegiate Institute, also took part in the programme. Friends were present from many out-of-town points. Scholarships were awarded by the Women's Hospital Aid, the South Brant Women's Institute, and the Maud McDonald Chapter of the I.O.D.E. A prize for general proficiency was presented by Miss McKee, superintendent of the School, to a member of the Junior Class.

Among the activities of the Alumnae have been a dinner dance for the graduating class, the appointment of delegates to the provincial conference at Chatham and the national conference in Winnipeg, and a presentation to Miss Isaac, one of its missionary members, who leaves in September for

missionary service at a hospital in South China.

At the May meeting of the Alumnae Miss Davidson gave an interesting report of her visit to the annual meeting of the R.N.A.O. at Chatham.

DISTRICT 4

District 4 of the Registered Nurses Association of Ontario held an interesting meeting at The Refectory, Niagara Falls, Ontario, on the afternoon and evening of June 16th, 1928. Going by chartered bus, the members from Hamilton and vicinity joined other members at St. Catharines and proceeded by way of the scenic drive.

The afternoon business meeting included reports of the annual convention of the R.N.A.O. and the appointment of Miss Moran as delegate to the convention of the C.N.A. A committee was appointed to organize the district to meet its responsibility in connection with the International Council of Nurses. Miss Ella Buckbee is general convener, with sub-committees covering each section of the district.

The evening session, following an association dinner, included music and an address by Dr. E. C. A. Crawford, of Niagara Falls, on the experiences of his unit in Egypt.

ST. JOSEPH'S HOSPITAL, HAMILTON: The graduation exercises, class of 1928, took place on May 16th. Thirty-three nurses received their diplomas. Prizes were awarded as follows: First for General Proficiency, Miss Annette Egerton; Second for General Proficiency, Miss Genieve Murray; Efficiency in Bedside Nursing, Miss Dorothy Pitt; Medical Nursing and Examination, Miss Besilla Cronin; Gynecological Nursing and Examination, Miss Mabel Clifford. The Right Rev. J. T. McNally presented the diplomas and medals.

GENERAL HOSPITAL, NIAGARA FALLS: On June 13th, 1928, the Nurses Alumnae Association gave a dinner at The Refectory in honour of the graduating class and staff.

The Association held its annual picnic on June 7th at the home of Mrs. Charles Pines (Bessie Secord, 1920), Niagara-on-the-Lake. Fifteen members were present and a delightful afternoon spent.

DISTRICT 5

ST. MICHAEL'S HOSPITAL, TORONTO: Miss Lulu Marrin (1920), of the staff of the Ford Hospital, Detroit, is spending a month's holiday in Toronto.

A happy reunion of the September section, Class of 1920, took place in Toronto, July 5th, in the form of a bridge and dinner at the home of Mrs. Frank Lobrano (Irene Legree). The following nine members, out of a class of fourteen, were able to be present: Mrs. Thos. Wahll (Maisie Young), Windsor; Mrs. Sheehan (Pauline Burns), Detroit; Mrs. McKay (Mary Hanley), Kitchener; Mrs. J. McAneny (Alice O'Reilly), Caledon; Miss Maud Lawlor, Kamloops; Misses Edna Rosar, Helen McGeagh, and Mary McQuillen, of Toronto.

Miss Rita Egan (1926), has left for New York, where she will be engaged in laboratory work.

Miss Margaret Blackhall (1921), has entered the Community of St. Joseph, Toronto.

GENERAL HOSPITAL, TORONTO: Miss Velma Hayes (1922), who is slowly recuperating following a recent illness, is now at her home in London, Ont.

Miss Frances Van Duzer (1922), who has resigned from the staff of the Ford Hospital, Detroit, is engaged in private duty nursing in Toronto. Miss Olive McNee (1922), who is doing institutional work in Cleveland, spent a few days in Toronto recently. Another recent visitor was Miss Lorene Lowery (1922), who is on the staff of the Red Cross Outpost Hospital at Hornepayne, Ont.

Miss Margaret Orr (1914), and Miss Nettie Fidler (1919), successfully completed post graduate courses at McGill University.

The Class of September, 1922, held a most delightful reunion on June 28th, to welcome Miss Olive McNee, of Cleveland, O.

Graduates of the course in Public Health Nursing, University of Toronto, this year include Misses Mary McQuaig, Phyllis Denne, Emily Ferguson, Harriet Wilson, and Mrs. Jean Garbutt.

WELLESLEY HOSPITAL, TORONTO: The graduation exercises, Wellesley Hospital, were held on June 1st. Sir William Mulloch officiated as chairman and Dr. R. T. Noble addressed the graduating class. The exercises were followed by a garden party held in the hospital grounds.

Correction.—The editor of the Canadian Nurse has been advised by the Wellesley Hospital correspondent that Miss Mary Wilson, recently appointed to the staff of the Brantford General Hospital, is not a graduate of Wellesley Hospital, as stated in the May issue of "The Canadian Nurse". This item of information was received through the usual channels and published in the belief that it was accurate. The editor wishes to take this opportunity to thank the Wellesley Hospital correspondent for drawing her attention to the inaccuracy and to apologise to all parties concerned.

WOMEN'S COLLEGE HOSPITAL, TORONTO: The Alumnae entertained the graduating class at a dinner at the Carls Rite Hotel on June 8th. There were thirty-eight graduates present. Miss Thora Hawkes officiated. Those at the head table included Miss Meiklejohn (superintendent); Miss Jones (assistant superintendent), Miss C. Dixon and Miss G. Ament. Miss Ament is home from India on furlough.

HOSPITAL FOR SICK CHILDREN, TORONTO: The forty-second graduation exercises of the Hospital for Sick Children were held in Convocation Hall, University of Toronto, on June 12th. Thirty graduates received their diplomas. Miss Panton, superintendent of nurses, gave the report of the Training School, in which she spoke of the tremendous

amount of work accomplished in the hospital during the year, 65,000 patients having been treated in the Outdoor Department alone. The Junior League were thanked for their work through the Occupational Aides, which gave untold pleasure to the children, and also for their assistance with the patients, the various chapters of the I.O.D.E. too were mentioned for their kindness in sending cheques and hand-made clothing, and also other organizations. Miss Panton spoke of the excellent course of lectures given to the Alumnae by the doctors on the newer methods of treatment now used in the hospital.

President Falconer of Toronto University gave a thoughtful address to the outgoing class. The diplomas and pins were presented to the nurses by Mrs. W. D. Ross, the wife of the Lieutenant-Governor of Ontario.

The scholarships and prizes were presented by Mrs. I. H. Weldon, Mrs. L. Langford and Mrs. Robert Scott. After singing the National Anthem the nurses and their guests repaired to the Residence, where a largely-attended reception and dance was held.

The scholarships and prizes were as follows: for highest standing in Theory and Practical Work, to pursue a Post-Graduate Course, University of Toronto, Miss Elizabeth Legge Riddell (The R. A. Laidlaw and The I. H. Weldon Scholarship); Miss Guida Ray Burton (The Thomas H. Wood and The Wilmot L. Matthews Scholarship); for Efficient Work in the Operating Room, Miss Cecilia Fitzpatrick (The H. H. Williams Scholarship); Miss Kathleen Muir (Graduate 1927) (The Florence J. Potts Scholarship, presented by the Hospital Alumnae Association for a University Course); General Proficiency: Intermediate Year, Miss Miriam Fryer; Junior Year, Miss Jean Masten; Highest Standing in Examinations: Feb., 1928, Miss Susanne Elizabeth Welsh; Sept. 1928, Miss Caroline Bettina Calverley; Feb. 1929, Miss Miriam Fryer; Sept. 1929, Miss Ethel Jones; Feb. 1930, Miss Jean Masten; Sept. 1930, Miss Mary Deck.

DISTRICT 6

BELLEVILLE HOSPITAL: The graduation exercises were held recently, seven nurses receiving diplomas. Prizes were awarded as follows: Highest marks, Miss Pollick; second highest marks, Miss Ashley; prize for practical nursing (presented by Miss McIndoo), Miss M. Fitzgerald. Each nurse was presented with a hydopermic set from the medical staff.

Miss Bessie Soutar and Miss Florence Fitzgerald attended the convention in Chatham as delegates from the Alumnae.

Mrs. Reid (L. Harvie, 1922) and Mrs. O'Flynn (Mabel Cox, 1925) were presented with gifts from the Alumnae.

Dr. and Mrs. Anderson (Sadie Brockbank, 1924) have moved to Toronto, where the doctor has taken a practice.

Friends will be pleased to hear that Miss Mae Cockburn's health has greatly improved.

Miss Bessie Soutar, who has taken a position in New York City, has resigned as president of the Alumnae, and has been succeeded by Miss V. Humphries.

DISTRICT 8

CIVIC HOSPITAL, OTTAWA: Miss T. Tanner, Miss E. McIlraith, Miss E. Horsey, and Mrs. V. Boles, attended the course in instruction given the latter part of June at Western University, London, Ont.

STRATHCONA HOSPITAL: Miss H. Sparling (assistant superintendent) and Miss M. Canley (supervisor) attended the short course in instruction given in June at Western University, London, Ont.

PRINCE EDWARD ISLAND

GRADUATE NURSES ASSOCIATION OF P.E.I.: At the annual meeting officers for the coming year were elected as follows: Hon. President, Miss Florence Lavers, Summerside; President, Mrs. A. Allen; Secy.-Treas. and Registrar, Miss Anna Mair, P.E.I. Hospital, Charlottetown.

Miss Millie Gamble, of Tryon, was appointed delegate to the Biennial Meeting, C.N.A., at Winnipeg.

QUEBEC

HOMEOPATHIC HOSPITAL, MONTREAL: The tennis court presented to the nurses and internes by Mr. and Mrs. John J. York, was officially opened by the donors on the afternoon of June 14th, 1928.

Miss A. M. Porteous, who recently underwent a serious operation, is now on the road to recovery.

Miss M. R. Sleeth (1928), has been acting as assistant night supervisor for two months. Miss M. O. Barry (1928), is in charge of the major operating room, and Miss B. Rutherford (1927), of the Out Patients Dept.

The staff nurses and nurses in training spent a very pleasant evening recently when Dr. J. H. Condon entertained them with "moving pictures" in the board room of the hospital.

GENERAL HOSPITAL, MONTREAL: Miss Florence Cluff (1923), recently spent several months with her patient in California.

Miss A. M. Cooper (1927), is engaged in industrial nursing at the T. Eaton Co., Mail Dept., Montreal.

Miss Margaret Clark (1928), has accepted a position in charge of the operating room, Mirimichi Hospital, Newcastle, N.B.

Miss Frances L. Reed will assume her new duties as superintendent of nurses, Women's General Hospital, Montreal, during the latter part of August.

Members who attended the biennial meeting of the Canadian Nurses Association, held at Winnipeg July 3-7, were: Misses Mabel K. Holt, Amy DesBrisay, Frances Upton, Margaret Macfarlane, Agnes Jamieson, Frances L. Reed, and Caroline V. Barrett. The three latter names appeared on the programme. Miss Macfarlane represented the M.G.H. Alumnae. Miss Holt and Miss Jamieson were elected chairmen of the Nursing Education Section and Private Duty Section respectively. Miss Jamieson has extended her trip to the Yukon, Misses Barrett and Holt to the Coast, and Misses Upton and Reed to Regina.

Miss Dorothy McCaughan, scholarship nurse of the Child Welfare Association (Montreal), recently returned to the city after a year's study in parent education. She obtained the highest standing in a class of thirty in the examinations on this subject at Columbia University. Previous to returning to the Child Welfare Association in August, Miss McCaughan spent two months on the staff of the Murray Bay Convalescent Home.

Miss Mildred Buchanan (1920), who has been on the staff of the Laurentian Sanatorium, St. Agathe des Monts, since 1925, has resigned, and accepted the position of assistant superintendent of nurses at East St. John County Hospital.

Misses Evelyn Pibus, Joyce Herney, Edus Shaver, Given McCollan, and Grace Sterling, all of Class 1928, recently completed special post graduate courses at the Laurentian Sanatorium.

Misses Lolita Best and Vivian Hill (1927), have joined the staff at Laurentian Sanatorium.

Of the fifty certificates given by the Laurentian Sanatorium to graduate nurses during the past year and a half, fourteen have been awarded to graduates of the M.G.H.

WESTERN DIVISION, M. G. H., MONTREAL: Miss Jean Whimby, formerly of St. Lambert, is now residing in Three Rivers.

The sympathy of the Alumnae Association is extended to Miss Mabel Platt in the loss of her father.

Miss J. Craig sailed on June 28th for a trip to England and the continent.

Miss B. Birch left on June 29th for Kincardine, Ont., where she will spend a month.

Miss Edna Payne, who has just recovered from an appendectomy, left on July 2nd for her home in Moncton, where she will spend the summer.

Miss Chalk, of Hudson, Mass., was in Montreal for her sister's wedding in June.

Mrs. Anderson, of Vankleek Hill, Ont., was in Montreal for a few days in June.

Miss Ethel Bradley, of New York, spent the month of July in Montreal.

Misses M. E. Morrison and M. Hume left on July 2nd for the Pacific Coast. They planned to visit all interesting points en route.

KENOGAMI: Miss Germaine Thibodeau (University of Montreal) is relieving Miss Beauchamp for two months.

SHERBROOKE: Miss Kathryn Porteous (Lakeside Hospital, Cleveland) is doing relief duty on the staff at Sherbrooke this summer.

JEFFERY HALE'S HOSPITAL, QUEBEC: Miss E. Armour, lady superintendent, and Miss H. A. MacKay, attended the Canadian Nurses Association general meeting in Winnipeg.

ST. LAMBERT: Miss Edith F. Trench, formerly superintendent of the Women's Hospital, Montreal, is now superintendent of The Home Hospital, recently opened in St. Lambert. After a prayer of dedication by the Rev. Arthur French, the mayor spoke a few words of appreciation and pleasure

at now having a hospital in St. Lambert, and declared the hospital officially opened, in the presence of about two hundred guests. Tea was served on the lawn of the hospital by the Daughters of the Empire.

SHERBROOKE: The last meeting of the season of the Graduate Nurses Association was held at the residence of Miss Minnie Bostwick. It was decided to forward the money, which amounts to \$72.00, for the International Congress in 1929. Other minor details were discussed and the meeting was then brought to a close.

Miss Grace Moffat has returned, after a very enjoyable holiday spent in Montreal and Toronto.

Miss Bessie Banfill has resigned as night supervisor at the Chipman Memorial Hospital, St. Stephen, N.B. She leaves in August to take up her new duties as nurse in charge, International Grenfell Association, at Mutton Bay, Labrador.

Miss Evelyn Warren has returned from an extended holiday spent with her parents in Saskatchewan, and is again doing private duty nursing. At the present time she is relieving Miss Alice Lyster as night supervisor, Sherbrooke Hospital.

SASKATCHEWAN

GENERAL HOSPITAL, MAPLE CREEK: The graduating exercises, class of 1928, took place on the hospital grounds on June 24th.

PREECEVILLE-CLAYTON: Miss Beatrice Larson (University of British Columbia) has accepted the position left vacant by the resignation of Miss Pauline Metashanko, who will be married shortly. Miss Doris Huchlak (Edmonton General Hospital) is assisting Miss Larson.

C.A.M.N.S.

WINNIPEG

OVERSEAS NURSING SISTERS CLUB: The Executive Committee of the Club entertained at tea in honour of Mrs. R. C. Sanderson a few days prior to her departure for her new home in The Pas.

Mr. and Mrs. B. E. Hull (N/S Vera Strange), who have been living in Grenfell, Sask., have returned to Winnipeg to live.

Miss Eva Ernesley, Public Health Dept., Oshawa, Ont., and Miss "Sandy" McPherson, Public Health Dept., Toronto, spent a few days in the city recently enroute to the Coast where they are spending their vacation.

Friends of Miss Louise McLeod, at one time on the staff of Tuxedo Military Hospital, will be interested to hear of her marriage a short time ago to Mr. Harry Cleaveland, Torrington, Conn.

Mr. and Mrs. B. W. Lawrie (N/S Phyllis Peyton), and son Bobbie, who have been spending a holiday at Victoria Beach, have returned to the city.

Mr. and Mrs. C. W. Davidson (N/S Hilda McColm), are receiving congratulations on the arrival of a son (James Alexander), July 1st, 1927.

The club entertained the delegates and other nurses attending the Canadian Nurses Association Convention to a drive and supper at the Motor Country Club, Lower Fort Garry, on July 6th. One hundred and ninety-seven sat down to the delightful supper, arrangements for which were carried out by Mrs. A. D. McLeod and Mrs. Gordon Cooper (N/S Janet Smith). After supper the guests wandered about the Old Fort, which is one of the most interesting and historic spots in Manitoba.

A number of overseas nurses attended the general meeting of the C.N.A. as delegates or visitors. Among them were: Miss E. Raside (Hamilton); Miss E. L. Smellie (Ottawa); Miss Regan (Hamilton); Miss M. McGill (Saskatoon); Miss Lillian Lynch (Herbert, Sask.); Miss Ethel Grey (Rochester, Minn.); Miss S. A. Campbell; Miss Betty Cameron (Vancouver); Miss Ann Forrest (London, Ont.); and Mrs. McKenzie (N/S Grace Connor), of the Peace River District.

VICTORIA

VICTORIA: The ranks of the returned Nursing Sisters throughout Canada sustained a real loss in the passing of Ethel Frances Bolster on May 28th, 1928, at Victoria. Miss Bolster, a graduate of Roosevelt Hospital, New York, went overseas with the C.A.M.C. in 1916. She served with unselfish and untiring heroism, first at No. 2, Canadian General Hospital, and later at No. 2, C.C.C.S. A full military funeral was accorded this

BIRTHS

ADAMS—In June, 1928, at Saginaw, Mich., to Mr. and Mrs. James Adams (Dorothy Wheeler, Western Hospital, Montreal, 1920), a son.

FARRINGTON—On June 29th, 1928, at Montreal, to Mr. and Mrs. G. C. Farrington (Mary Clements, Western Hospital, Montreal), son and daughter.

PENNOYER—On June 10th, 1928, at Montreal, to Mr. and Mrs. Ross Pennoyer (Florence McNie, Western Hospital, Montreal, 1919), a son.

ROBERTS—In June, at Montreal, to Mr. and Mrs. Leslie Roberts (Gladys Cornell, Western Hospital, Montreal, 1920), a son.

MARRIAGES

BAPTIST—**SAVAR D**—On June 30th, 1928, in Three Rivers, P.Q., Annie Louise Savard (Jeffery Hale's Hospital, Quebec, 1911) to Stewart Baptist, of Three Rivers.

CALLUM—**SANDS**—On April 4th, 1928, Mabel Sands (Amasa Wood Hospital, St. Thomas, Ont., 1918) to Herbert D. Callum. At home—Sarnia, Ont.

CLARKE—**IRWIN**—On June 26th, 1928, at Midland, Ont., Laura Irwin (Toronto General Hospital, 1925) to Dr. Lloyd A. Clarke, of Port Dover, Ont.

GEORGE—**MEADOWS**—On June 20th, 1928, at Embro, Ont., Velma May Caroline Meadows (Galt General Hospital, 1925) to Walter Goodall George, of Galt. At home—London, Ont.

sister, the body being conveyed to the cemetery on a gun carriage on which were placed her military cape and veil. Col. Lorne Drum, representing G.O.C. M.D. XI, a company from the Garrison Hospital, and a large representation from the Overseas Sisters Club followed the gun carriage as a guard of honour. The firing party, a company of P.P.C.L.I., gave three volleys, and the bugle sounded the Last Post.

QUEBEC

MONTREAL: The May meeting of the Montreal Association of Overseas Nurses held at the residence of Mrs. Ramsey, Mountain Street, took the form of a business and social affair, about fifty members being present. Colonel F. F. Clarke, D.S.O., president of the Provincial Command of the Canadian Legion of the British Empire Service League, gave a very interesting address on the aims and objects of the League. Miss M. Boa (pianist) and Mr. A. McGarry rendered several selections, and the latter led the community singing of all the old war-time songs. Discussion in regard to the All-Canada Association of Overseas Nurses was left over to the fall meeting, as a number of the clubs have not responded to the communication re the forming of this Association.

Miss Helen L. Stark, R.R.C., is now on the staff of Firland Sanatorium, Richmond Highland, Wash., U.S.A.

KING—BYRNE—On June 18th, 1928, at Montreal, Maud Byrne (Western Hospital, Montreal, 1926) to Robert King.

KNIGHT—LOW—On May 12th, 1928, Elizabeth Low (Wellesley Hospital, Toronto) to Arthur Knight.

LYNE—BAINARD—On June 6th, at Regina, Sask., Elda M. Lyne (General Hospital, Stratford, 1914) to Frederick J. Bainard.

MACKLIN—HILL—On July 6th, 1928, at Toronto, Ethel Agnes Hill (Grace Hospital, Toronto) to Frederick T. Macklin.

McQUADE—ARCHARD—On June 6th, 1928, at Halifax, N.S., Alfrida Archard (Victoria General Hospital, Halifax) to Edwin McQuade, M.D., C.M.

NEILSON—PRINGLE—On April 14th, 1928, at Stella, Amherst, Ada Pringle (Wellesley Hospital, Toronto, 1926) to Rodderick Neilson.

MALCOLM—FRITH—On June 23rd, 1928, at Nassau, Bahamas, Hazel Frith (Montreal General Hospital, 1926) to Alfred Malcolm.

WELLINGTON—HARVEY—On April 18th, 1928, at St. Eugene, Ont., Hilda Harvey (Montreal General Hospital, 1926) to L. C. Wellington. At home—Arvida, P.Q.

DEATHS

DAWSON—In June, 1928, suddenly, at Coburg, Ont., Sarah Dawson (Montreal General Hospital).

WANTED: Frontier Nursing Service, successor to Kentucky Committee for Mothers and Babies, has positions for Public Health Nurses who hold the certificate in midwifery of the English, Scotch or Irish Central Midwives Board. For particulars address The Director, Mrs. Mary Breckenridge, Wendover, Leslie County, Ky., U.S.A.

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WANTED for fall term an Instructor for School for Nurses (60 students), General Hospital, Moose Jaw, Sask. Application to be made to the Superintendent, stating qualifications, salary expected, and giving references.

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Parke, Davis & Co. have a new booklet on Pollen Extracts in Hay Fever.

THE CANADIAN NURSE

The official organ of the Canadian Nurses Association, owners, editors and managers. Published monthly at the National Office, Canadian Nurses Association, 511 Boyd Building, Winnipeg, Man.

Editor and Business Manager: JEAN S. WILSON, Reg.N.

Subscriptions \$2.00 a year; single copies 20 cents. Combined annual subscription with The American Journal of Nursing \$4.75. All cheques or money orders to be made payable to The Canadian Nurse. Changes of address should reach the office by the 20th of each month. In sending in changes of address, both the new and old address should be given. News items should be received at the office by the 12th of each month. Advertising rates and data furnished on request. All correspondence to be addressed to 511 Boyd Building, Winnipeg, Man.

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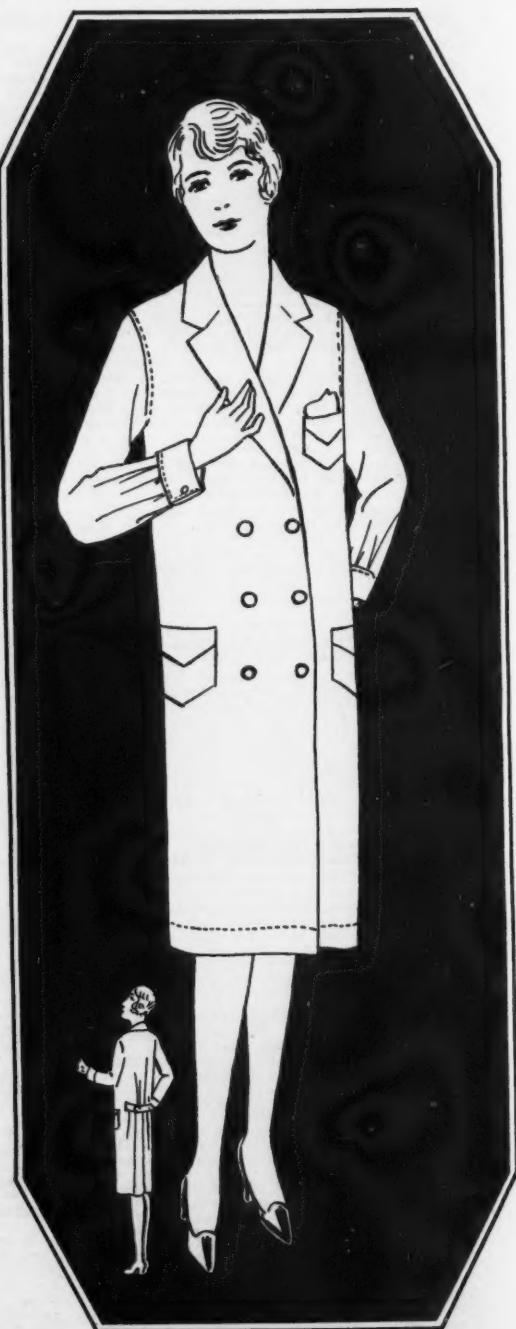
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